# L14000144908

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECULIARY OF SAME

SEP 16 20Th
J. HARRIS

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: EL RINCONCITO COSTENC	INC	
	Resulting Florida Lin	nited Company)
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited Liab		
Please return all correspondence concerning t	this matter to:	
JAIRO BOSCH		
(Contact Person)		
BOSCH ACCOUNTING & TAX CORPOR	RATION	
(Firm/Company)		
5440 NORTH STATE ROAD 7, SUITE 5		
(Address)		
FORT LAUDERDALE, FL 33319-2970		
(City, State and Zip Code)	<u> </u>	
boschaccounting@hotmail.com		
E-mail Address: (to be used for future annual repo	rt notifications)	
For further information concerning this matter	er, please call:	
JAIRO BOSCH	at (954 )7	30-0640
(Name of Contact Person)	(Area Code) (	Daytime Telephone Number)
Enclosed is a check for the following amount	:	
	□\$180.00 Filing Fee and Certified Copy	S S S S S S S S S S S S S S S S S S S
STREET ADDRESS:	MAILING	G ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



August 26, 2014

JAIRO BOSCH 5440 NORTH STATE ROAD 7, SUITE 5 FORT LAUDERDALE, FL 33319-2970

SUBJECT: EL RINCONCITO COSTENCO LLC

Ref. Number: W14000052336

We have received your document for EL RINCONCITO COSTENCO LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 214A00018356

SC -1 Rd SI day 11

## **Articles of Conversion**

For

#### "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
L RINCONCITO COSTENO INC P1300098963
The "Other Business Entity" is a CORPORATION  (Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)  irst organized, formed or incorporated under the laws of FLORIDA
DECEMBER 12, 2013 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
L RINCONCITO COSTENO LLC
(Enter Name of Florida Limited Liability Company)
If not effective on the date of filing, enter the effective date:  The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the ate this document is filed by the Florida Department of State; AND 2) must be the same as the effective ate listed in the attached Articles of Organization, if an effective date is listed therein.)
The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 15th day of AUGUST	_ 20 <u>14</u>
Signature of Authorized Representative of Limi	ited Cability Company:
Signature of Authorized Representative:	yall/20)
Printed Name: MILDRED E. RIQUETT	Title: AMBR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: 4 MW / MO	
Printed Name: MILDRED E. RIQUETT	THE DESIDENT
Printed Name: WILDRED E: KIQUETT	Title: PRESIDENT
Signature:	•
Printed Name:	Title:
Signature:	
Printed Name:	Title:
	,
Signature. Printed Name:	
Printed Name:	Title:
<b>3</b> *	
Signature: Printed Name:	Till
rinted Name:	
Signature:	
Printed Name:	Title:
XXXXXX XXXXX	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
<u></u>	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Doutnovskip on Limited Liabili	for I insited Dautanauchine
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnersoip:
Signatures of ALD General Failuress.	
All others:	
Signature of an authorized person.	•
	•
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
EL RINCONCITO COSTENO LLC			
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability C	ompa	any is:
Principal Office Address:	Mailing Address:		
8001 WEST McNAB ROAD	8001 WEST McNAB ROAD		
TAMARAC, FL 33321	TAMARAC, FL 33321		
The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re  MILDRED E. RIQUETT		ther	
Name			
8001 WEST McNAB ROA	ΛD		
Florida street address (P.O.	<del></del>		
TAMARAC	FL 33321		
City	Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paccept the obligations of my position as regional forms.	this certificate, I hereby accept the appo ty. I further agree to comply with the pro erformance of my duties, and I am famil	intme ovisio iar wi	ent as ons of all ith and
Registered Agent's Signa	ature (REQUIRED)	14 SEP	3# ₹/800 \$200 \$200 \$200 \$200 \$200 \$200 \$200 \$
(CONTINU	JED)	P 15	
Page 1 of	2	70	gradi Gradi
		<b>4</b> : 2	

The name and address of each person Company:	
<u>Title:</u> "AMBR" = Authorized Member "MCP" = Manager	Name and Address:
"MGR" = Manager AMBR	MILDRED E. RIQUETT
7.141ST	8001 WEST McNAB ROAD
	TAMARAC, FL 33321
<del></del>	
effective date is listed, the date mus	he date of filing: NA TIONAL STIONAL S
ICLE V: Effective date, if other than the effective date is listed, the date mus 90 days after the date of filing.)	
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CLE V: Effective date, if other than the effective date is listed, the date muse 90 days after the date of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	per or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true.
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