# #15000000034

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) Clate Liph Hone Hy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800267147848

01/02/15--01001--005 \*\*150.00

EFFECTIVE DATE

2014 DEC 31 PM 1: 35

RECEIVES

FILED

2014 DEC 31 AM IO: 17

K.SALY EXAMINER JAN - 1 2015



December 31, 2014

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9395250 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

L & E INTERNATIONAL SERVICES, INC. (FL) Conversion Florida

L & E INTERNATIONAL SERVICES, LLC (FL) Formation Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

### **COVER LETTER**

SUBJECT: L&E	International Service	s, Inc	
		of Resulting Florida Limit	ed Company)
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited L	cles of Organization, a iability Company" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all cor	respondence concernir	g this matter to:	
Lindsay Miller			
_	(Contact Person)	<del>-</del>	
Linder Law Group			
	(Firm/Company)	·*•···	
1111 Brickell Ave	Suite 2200		
	(Address)		
Miami, FL 33131			
(	City, State and Zip Code)	<u></u>	
Aarambu@leintl.co	om		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
Lindsay Miller		at (305 ) 717	7-7100
(Name of Conta	act Person)		ytime Telephone Number)
Enclosed is a check t	for the following amou	ınt:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING A	ADDRESS:
Registration Section		Registration	Section
Division of Corporat	ions	Division of (	
Clifton Building	C'I-	P. O. Box 63	
2661 Executive Cent	er Uircic	Tallahassee.	FL 52314

INHS11 (02/14)

Tallahassee, FL 32301

TO: Registration Section
Division of Corporations

EFFECTIVE DATE

# 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: L & E International Services, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida
August 14, 1989 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
L & E International Services, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: December 31, 2014
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
5. The plan of conversion has been approved in accordance with all applicable statutes.

FILED

2014 DEC 31 AM 10: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 31st day of December	20 <u>14</u> .	
Signature of Authorized Representative of		<i>T,</i> :
Signature of Authorized Representative: Printed Name: Lindsay Miller	Title: Incorporator	
// /	ntity: [See below for required signature(s).	]
Signature: Printed Name: Lindsay Miller	Title: Incorporator	_
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	_
Signature:Printed Name:	Title:	_
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	_
If Florida Community		

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

# If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

#### If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

### 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 - Nat The name of the L	me: imited Liability Compa	any is:		EFFECTIVE DATE
L & E Internation				
(Mu	est end with the words "Limite	d Liability Company, "L	.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing address	dress: ss and street address of	the principal offic	e of the Limited Li	ability Company is:
Principal Office A	ddress:	Mailing A	ddress:	
2900 WEST 84T HIALEAH, FL 33			ST 84TH STREE 1, FL 33018	<u></u>
(The Limited Liability Co business entity with an a	egistered Agent, Regionpany cannot serve as its ownerive Florida registration.) Florida street address of Limited Agent Servi	n Registered Agent. You  f the registered age	must designate an indiv	
	Limited Agent Gervi	Name		
	1111 Brickell Ave S Florida street address		acceptable)	THE PLANT OF THE PARTY OF THE P
	Miami	FL 3310	21	
	City	1 2 00 10	Zip	وتبت
liability comp registered agent statutes relating	ned as registered agent any at the place designa and agree to act in this g to the proper and com ligations of my pos <b>t</b> ion	ated in this certifica capacity. I further plete performance	ite, I hereby accept agree to comply wi of my duties, and I	the appointment as ith the provisions of all am familiar with and

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

The name and address of each person Company:	
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Esteban E. Gomez
MGR	Lorena Gomez
	- Total Marie Control of the Control
(Use attachment if necessary)	
•	
PROTECT DEC. 25 A. 30 A. 31 A.	(000000141)
n effective date is listed, the date must	be specific and cannot be more than five business days prior
n effective date is listed, the date must r 90 days after the date of filing.)	be specific and cannot be more than five business days prior
n effective date is listed, the date must r 90 days after the date of filing.)	be specific and cannot be more than five business days prior
on effective date is listed, the date must r 90 days after the date of filing.)	e date of filing: 12 31 14 (OPTIONAL)  be specific and cannot be more than five business days prior
on effective date is listed, the date must r 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (constitutes an affirmation under the pen	r or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true.  Ibmitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true.  Ibmitted in a document to the Department of State
REQUIRED SIGNATURE  Signature of a member	er or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. abmitted in a document to the Department of State ided for in s.817.155, F.S.)  ped or printed name of signee
REQUIRED SIGNATURE  Signature of a member	r or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. abmitted in a document to the Department of State ided for in s.817.155, F.S.)  ped or printed name of signee  of Organization and Designation  al)