

L15000008871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

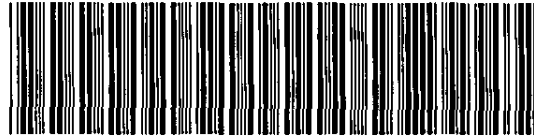
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JAN 15 AM 10:13

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JAN 16 2015

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (If known):

L. N. Services Corp.

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

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☐ Certificate of Status



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2015

LAZARUS

SUBJECT: L.N. SERVICES LLC
Ref. Number: W15000003021

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
22 JAN 15 PM 2:26
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

We have received your document for L.N. SERVICES LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 515A00000877

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
 2015 JAN 15 AM 10:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

The Articles of Conversion and attached Articles of Organization 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.N. SERVICES CORP

(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**
 on **01-10-14**
 (date of organization, formation or incorporation)
 (Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

L.N. SERVICES LLC

(Enter Name of Florida Limited Liability Company)

4. 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 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.

Signed this 12 day of 1 2015Signature of Authorized Representative of Limited Liability Company:Signature of Authorized Representative: [Signature]Printed Name: Canada Lufé Noto Title: presidentSignature(s) on behalf of Other Business Entity: (See below for required signature(s).)Signature: [Signature]Printed Name: Canada Lufé Noto Title: president

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

(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)

FILED

2015 JAN 15 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
2015 JAN 15 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

L.N. SERVICES LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

9019 FONTAINEBLEAU BLVD
SUITE 603
MIAMI FL 33172

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

GUADALUPE NODA
9019 FONTAINEBLEAU BLVD
SUITE 603
MIAMI FL 33172

ARTICLE IV:

The name and title of each person authorized to manage and control the Limited Liability Company:

GUADALUPE NODA - PRESIDENT
(MGRM)

Required Signatures:

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2015 JAN 15 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

GUADALUPE NLODE

Typed or printed name of signer

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)