

L150000 20475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

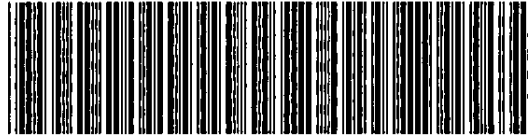
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800268547398

01/26/15--01036--018 **180.00

FILED

2015 JAN 26 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 03 2015
J. HARRIS

LISA BRADEN, P.A.
4623 FOREST HILL BLVD., SUITE 108-1
WEST PALM BEACH, FLORIDA 33415
E-Mail: lisa@lisabraden.com

Website: www.lisabraden.com

Telephone: (561) 641-1888

January 20, 2015

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

Re: LEAL FAMILY PARTNERS, LTD.

To

LEAL FAMILY INVESTMENTS, LLC

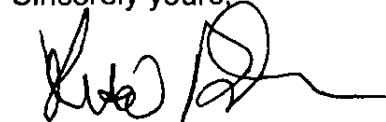
Articles of Conversion & Articles of Organization

Dear Sirs:

Please find enclosed the Articles of Conversion & Articles of Organization for LEAL FAMILY PARTNERS, LTD. to LEAL FAMILY INVESTMENTS, LLC along with a check in the amount of \$180.00.

Please return the **filed** Articles of Conversion & Articles of Organization to my office.

Sincerely yours,

A handwritten signature in black ink, appearing to be 'Lisa Braden', written over a horizontal line.

Lisa Braden

enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEAL FAMILY INVESTMENTS, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity,, into a "Florida Limited Liability Company,, in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Lisa Braden

(Contact Person)

Lisa Braden, P.A.

(Firm/Company)

4623 Forest Hill Blvd., Suite 108-1

(Address)

West Palm Beach, FL 33415

(City, State and Zip Code)

lisa@lisabraden.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Lisa Braden

at (561) 641-1888

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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 ADDRESS:

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

MAILING ADDRESS:

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

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

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:
LEAL FAMILY PARTNERS, LTD.

(Enter Name of Other Business Entity)

2. The "Other Business Entity,, is a Limited Partnership

(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Colorado
on March 19, 2001 (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**:
LEAL FAMILY INVESTMENTS, 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.

FILED
2015 JAN 26 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 20th day of January 2015.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____

Printed Name: Jorge J. Leal

Title: Manager

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____

Printed Name: Jorge J. Leal

Title: General Partner

Signature: _____

Printed Name: Graciela Leal

Title: General Partner

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEAL FAMILY INVESTMENTS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3224 Fairfax Lane
Cocoa, Florida 32926

Mailing Address:

3224 Fairfax Lane
Cocoa, Florida 32926

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

Lisa Braden

Name

4623 Forest Hill Blvd., Suite 108-1

Florida street address (P.O. Box NOT acceptable)

West Palm Beach

FL 33415

City

Zip

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)

(CONTINUED)

FILED
2015 JAN 26 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jorge J. Leal

3224 Fairfax Lane

Cocoa, Florida 32926

MGR

Graciela Leal

3224 Fairfax Lane

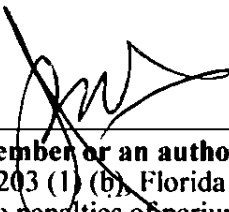
Cocoa, Florida 32926

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

Jorge J. Leal

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JAN 26 PM 4:21

FILED