115000052252

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
— (Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

10:	Division of Co					
SUBJI	ECT: Angelita	a Esparar Photograp	ohy, LLC.			
2020.		(Name	of Resulting Florida	Limite	d Company)	
					d fees are submitted to converceordance with s. 605.1045, F.	
Please	return all corre	espondence concerning	g this matter to:			
Angel	lita Esparar					
		(Contact Person)				
Angel	lita Esparar P	hotography				
		(Firm/Company)	***************************************			
8269	Abbeyfield Dr	•				
		(Address)				
Jacks	onville, FL 32	277				
	(0	City, State and Zip Code)				
angel	litaphoto@gm	ail.com				
E-m	nail Address: (to b	e used for future annual re	port notifications)			
For fur	rther information	on concerning this ma	- •			
Angel	lita Esparar		_at (904	4017	7605	
	(Name of Conta	ct Person)	(Area Code)	(Day	rtime Telephone Number)	
Enclos	sed is a check f	or the following amou	int:			
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles inization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STRE	ET ADDRESS	S:	MAILI	NG A	ADDRESS:	
Regist	ration Section		Registra			
	on of Corporati	ions			Corporations	
	n Building	(C'	P. O. Bo			
2001 b	Executive Cent	er Circle	i ailaha	ssee, l	FL 32314	

INHS11 (02/14)

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2015

ANGELITA ESPARAR 8269 ABBEYFIELD DRIVE JACKSONVILLE, FL 32277

SUBJECT: ANGELIA ESPARAR PHOTOGRAPHY LLC

Ref. Number: W15000018064

We have received your document for ANGELIA ESPARAR PHOTOGRAPHY 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 Certificate of Conversion must state the effective date of the conversion. The effective date 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 of the conversion under the laws governing the other business entity.

Document was received on 03/02/15

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 315A00005178

FILED

2015 MAR 24 AM 11: 45

TALLAMASSEL FLORIDA

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 (Angelita Esparar Photography P15-13352	o the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)	•
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: cor general partnership, common	
First organized, formed or incorporated under the laws of Florid	la
February 10, 2015	e, 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 for	orth in the attached Articles of Organization:
Angelita Esparar Photography LLC	
(Enter Name of Florida Limited Liability Comp	nany)
4. If not effective on the date of filing, enter the effective date:	March 27, 2015
(The effective date: 1) cannot be prior to date of receipt or is date this document is filed by the Florida Department of Sta date listed in the attached Articles of Organization, if an effective date	iled date nor more than 90 days after the te; <u>AND</u> 2) must be the same as the effective
5. The plan of conversion has been approved in accordance with	all applicable statutes.

Page 1 of 2

Signed this 26th day of February	20 <u>15</u>
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: Angelita Esparar	Title: Owner
Signature(s) on behalf of Other Business Entity:	
Signature: Mymmum Printed Name: Angelita Esparar	
Printed Name: Angelita Esparar	Title: Owner
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title
Signature:	m'.a
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	
The state of the s	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:
Angelita Esparar Photography LLC	
	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Angelita Esparar	Angelita Esparar
8269 Abbeyfield Dr	8269 Abbeyfield Dr
Jacksonville, FL 32277	Jacksonville, FL 32277
business entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an individual or another are registered agent are:
Angelita Esparar	
	me
8269 Abbeyfield Dr	
Florida street address (P	P.O. Box <u>NOT</u> acceptable)
<u>Jacksonville</u>	FL 32277
City	Zip
liability company at the place designated	d to accept service of process for the above stated limite d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of a

ed. 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)

Page 1 of 2

Company.		
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Anna Man Farance	
MGR	Angelita Esparar 8269 Abbeyfield Dr	
	Jacksonville, FL 32277	
	000000000000000000000000000000000000000	
		
	(
effective date is listed, the date must h	date of filing: $\frac{327/15}{}$. (OPTION) be specific and cannot be more than five business	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)		days prio
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)		days prio
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CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1) constitutes an affirmation under the penal am aware that any false information sub-	or an authorized representative of a member. (b), Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true, be be being the state of the document of State.	days prior
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-