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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Division of C							
SURI	ECT. EL TAM	ARINDO PIZZA, LLC						
SUB	P.C. 1 ;	(Name	of Resulting Florida	Limite	ed Company)	_		
					nd fees are submitted to ecordance with s. 605.1			ther
Please	e return all corr	espondence concernin	g this matter to:					
NEST	OR A AMAYA							
		(Contact Person)						
AMAY	A BROTHERS,	INC.		_				
		(Firm/Company)						
233 ST	ATE ROAD 84							
		(Address)						
FORT	LAUDERDALE,	FL 33315						
	(1	City, State and Zip Code)						
MESP	INOZA@MECPA	AC,NET						
E-r	nail Address: (to b	be used for future annual re	port notifications)					
For fu	rther informati	on concerning this ma	tter, please call:					
NEST	DR A AMAYA		at (1512-8	89()9			
	(Name of Conta	net Person)	(Area Code)	(Day	guinie Telephone Number)			
Enclo	sed is a check I	for the following amou	ınt:			•		
(\$25 fo & \$125	0.00 Filing Fees or Conversion 5 for Articles inization)	□S155.00 Filing Fees and Certificate of Status	■S180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status			
Regis Divisi Clifto	EET ADDRES tration Section on of Corporat n Building Executive Cent	ions	Registr Divisio P. O. B	ation n of C ox 63	ADDRESS: Section Corporations 27 FL 32314	SECRETARY O	15 HAY -5	

Tallahassee, FL 32301

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

EL TAMARINDO PIZZA. INC	Enter Name of Other Business	Entity)		
2. The "Other Business Entity"	CORPORATION	PIDOODUAZTZ		
2. The Other Pushiess Entry	(Enter entity type: Example	e: corporation, limited partnership, mmon law or business trust, etc.)		
First organized, formed or incorp	oorated under the laws of	FLORIDA needs state, or if a non-U.S. entity, the nan		
		ater state, or if a non-U.S. entity, the nan	re of the co	ountry)
on tdate of organization, formation or	incorporation)			
3. The name of the Florida Limi EL TAMARINDO PIZZA, LLC	ted Liability Company as	set forth in the attached Articles	of Orga	anization:
	me of Florida Limited Liability	(Company)		
4. If not effective on the date of	filing, enter the effective of	date:		
date this document is filed by t	he Florida Department o	ot or filed date nor more than 90 of State; <u>AND</u> 2) must be the sam n effective date is listed therein.	me as th .)	e effectiv
date listed in the attached Arti Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable sta	atutory filing requirements, this date wil	It not be Is	sted as the
Note: If the date inserted in this block	does not meet the applicable statement of State's records.		II not be lis	sted as the

, •	•	
Signed this 1	day of MAY	20 <u>15</u> .
Signature of Aut	horized Representative (of Limited Liability Company:
		Thirty
Signature of Auth Printed Name: NES	orized Representative:	Title: MGR
Signature(s) on be	chalf of Other Business E	ntity: See below for required signature(s)
Signature:	Vert	
Printed Name: NES	TOR A AMAYA	Title: OFFICER
Signature:		
Printed Name:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corpor		
	man, Vice Chairman, Direc	etor, or Officer. d. an Incorporator must sign.
ii Directors of Offi	cers have not been selected	ik an meorporator masi sign.
	l Partnership or Limited	<u>Liability Partnership:</u>
Signature of one G	eneral Partner.	
		Liability Limited Partnership:
Signatures of <u>ALL</u>	General Partners.	
All others: Signature of an aut		
Signature of an aut	horized person.	v.
Fees:		
Articles of	Conversion:	\$25.00

Fees for Florida Articles of Organization: Certified Copy:

Certificate of Status:

Page 2 of 2

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

MAY +5 PN 5:52 CRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	y is:	
EL TAMARINDO PIZZA, LLC (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC")	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ARTICLE II - Address: The mailing address and street address of th	a minoinal affine of the Limited	Liability Company ic:
The maining address and street address of th	e principal office of the Limited	Liability Company is.
Principal Office Address:	Mailing Address:	
614 S.E. 10TH STREET	614 S.E. 10TH STREET	
DEERFIELD BEACH, FL 33441	DEERFIELD BEACH, FL 3344	<u> </u>
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t	Registered Agent. You must designate an ind	
The fame and the Fighta street address of t	no regimered agent are.	
THE TICKTIN LAW GROU		
N	ame	
600 WEST HILLSBORO BI		
Florida street address (P.O. Box <u>NOT</u> acceptable)	
DEERFIELD BEACH	FL 33441	•
City	Zip	
(CONT	ed in this certificate. Thereby accept pacity. I further agree to comply t etc.performance of my duries, and	ot the appointment as with the provisions of all I am familiar with and

A	D	TI	c	1	C	IV.
А	ĸ		•	10.0	٩.	IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	NECTOD A ANALYA	
WIGK	NESTOR A AMAYA	
	233 STATE ROAD 84	
	FORT LAUDERDALE, FL 33315	
AMBR	AMAYA BROTHERS, INC.	
	233 STATE ROAD 84	
	FORT LAUDERDALE, FL 33315	
	,	
		
(Use attachment if necessary)		
ADTIOLD IV FOR THE IN		
ARTICLE V: Effective date, if other than t	he date of filing: MAY 1, 2015	(OPTIONAL)
(If an effective date is listed, the date mus to or 90 days after the date of filing.)	E be specific and cannot be more th	ian five business days prior
Note: If the date inserted in this block does not mee	t the anoticable statutory filing requirements	s this date will not be listed as the
document's effective date on the Department of Stat	e's records.	
		<u>≥</u> % 5
ARTICLE VI: Other provisions, if any,		LAIE MA
		<u>\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
		
		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:	_	SS &
Windo	r	DA 52
Signature of a memb	er or an authorized representative	
On accordance with costion 605 020	5 (2) Elevido Ciator es the accounting	of this dominant

(In accordance with section 605.0205 (3), 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.)

NESTOR A AMAYA

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)