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	(1)	
(1	Requestor's Name)	
. (/	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(1)	Business Entity Name)	,
(1	Document Number)	
	,	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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Office Use Only



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COVER LETTER

	Registration S Division of C					
SUBJE	CT: ULFIDO	PONCHOUTS LLC				
CCBGE	···	(Name	of Resulting Florida	Limite	ed Company)	
The enc Business	losed Article s Entity" into	s of Conversion, Artic a "Florida Limited L	cles of Organization	on, ar " in a	nd fees are submitted to convert an accordance with s. 605.1045, F.S.	"Other
Please re	eturn all corre	espondence concernin	ng this matter to:			
JHON RO	DRIGUEZ					
		(Contact Person)				
JIREH M	ULTISERVICE	ES INC				
		(Firm/Company)				
3095 S M	ILITARY TRA	JL # 4				
		(Address)	· · · · · · · · · · · · · · · · · · ·			
LAKE W	ORTH FL 3346	53				
	((City, State and Zip Code)				
jhonrealto	r@hotmail.com	ı				
E-mail	Address: (to b	e used for future annual re	port notifications)			
For furth	er information	on concerning this ma	tter, please call:			
JHON RC	DRIGUEZ		_at (<u>561</u>)	574 9	P110	
	Name of Conta	et Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclosed	is a check for	or the following amou	int:			
\$150.0 (\$25 for C & \$125 fo of Organiz	r Articles	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fand Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Registrat Division Clifton E	Γ ADDRESS tion Section of Corporati Building ecutive Center	ons	Registra Division P. O. Bo	tion S of C ox 632	Corporations	

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Article ULFIDO PONCHOUTS INC	es of Conversion is:
(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	
09/26/2013 (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 Artic ULFIDO PONCHOUTS LLC	eles of Organization:
ULFIDO PONCHOUTS LLC (Enter Name of Florida Limited Liability Company)	eles of Organization:
ULFIDO PONCHOUTS LLC (Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: 05/08/2015	
ULFIDO PONCHOUTS LLC	90 days after the same as the effective

Page 1 of 2

Signed this 30 day of APRIL	20 15
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: A Printed Name; ULFIDO A. LOPEZ	Title: AMBR
Signature(s) on behalf of Other Business Entity:	
Signature: A LOPEZ Printed Name: OLFIBO A. LOPEZ	Title: PRESIDENT
Signature:Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili 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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ULFIDO PONCHOUTS LLC	
(Must end with the words "Limited Liability	(Company "I C " or "I C ")
(Wast the will die words Elimited Elability	Company, E.C.C., or ELC.
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6170 16TH S PLACE	6170 16TH S PLACE
WEST PALM BEACH	WEST PALM BEACH
FL 33415	FL 33415
ARTICLE III - Registered Agent, Registered	Office. & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Register	ed Agent. You must designate an individual or another
business entity with an active Florida registration.)	
The name and the Florida street address of the re-	gistered agent are:
	5
JIREH MULTISERVICES INC	
Name	
2005 CAMBERARY TRANSPORT	
3095 S MILITARY TRAIL # 4	2 2/07
Florida street address (P.O. I	Box NOT acceptable)
LAKE WORTH	FL 33463
City	Zip
,	•
	accept service of process for the above stated limited
	his certificate, I hereby accept the appointment as
	y. I further agree to comply with the provisions of all
	rformance of my duties, and I am familiar with and
accept the obligations of my position as regis	stered agent as provided for in Chapter 605, F.S
Registered Agent's Signal	ture (REOLIDED)
Registered Agent's Signal	mic (MEZOINED)
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(CONTINUED)

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	ULFIDO A. LOPEZ	
	6170 16TH S PLACE	- -
	WEST PALM BEACH FL 33415	
AMBR	ZILSA M. LOPEZ	
	6170 16TH S PLACE	
	WEST PALM BEACH FL 33415	
	VEG T NEW BELLOTTE GOTTO	
		<u></u>
(Use attachment if necessary)		
TICLE V: Effective date, if other than the	e date of filing: 05/0 8 /2015	(OPTIONAL)
an effective date is listed, the date must r 90 days after the date of filing.) If the date inserted in this block does not meet unent's effective date on the Department of State	be specific and cannot be more to the applicable statutory filing requiremen	than five business days p
FICLE VI: Other provisions, if any.		
FICLE VI: Other provisions, if any.		
FICLE VI: Other provisions, if any. REQUIRED SIGNATURE:		

(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.)

ULFIDO A. LOPEZ

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)
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