

L15000110053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

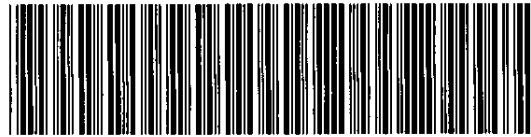
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100274424731

06/30/15--01004--009 **150.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
REGISTRATION

15 JUN 29 PM 4:30

TO AVOID DELAY
SUFFICIENT FILING

FILED

15 JUN 29 PM 6:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Wolters Kluwer

2075 Centre Pointe Blvd Ste. 101 Tallahassee, FL 32308

850-205-8842

EULORIA INC

P12000020996

- ☐ Nonprofit
☐ Domestic Corporation

☐ Limited Partnership
☐ LLC

☐ Certified Copy

☒ Walk In
☐ Mail Out

- ☐ Amendment

☐ Dissolution/Withdrawal
☐ Reinstatement
☐ Annual Report

☐ Name Registration
☐ Fictitious Name

☐ Photocopies

☐ Will Wait

- ☐ Merger

☐ Mark

☒ Other
Conversion

☐ CUS

☐ After 4:30
☒ Pick Up

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

KM

6/29/2015

Order#
9606403

Ref#:

Amount: \$

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Euloria 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:

Gregory M. Weigand, Esq.

(Contact Person)

DLA Piper LLP (US)

(Firm/Company)

200 South Biscayne Blvd., Suite 2500

(Address)

Miami, FL 33131

(City, State and Zip Code)

greg.weigand@dlapiper.com

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

For further information concerning this matter, please call:

Gregory M. Weigand, Esq. at (305) 423-8500

(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

INHS11 (02/14)

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:
Euloria Inc.

(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 3/1/2012 (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**:
Euloria LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: June 30, 2015

(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
15 JUN 29 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 15 day of June 2015.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: Carlos Alamo

Title: Authorized Representative

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

Signature: 

Printed Name: Corrado Ruscica

Title: President/Treasurer

Signature: 

Printed Name: Jose Ruscica

Title: Vice President/Secretary

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
15 JUN 29 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Euloria 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:

1430 S. Dixie Hwy # 317
Coral Gables, FL 33146

Mailing Address:

1430 S. Dixie Hwy # 317
Coral Gables, FL 33146

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:

Illum LLC

Name

1430 S. Dixie Hwy # 317

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

Coral Gables

City

FL 33146

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
15 JUN 29 PM 4:18
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:

Illum LLC

1430 S. Dixie Hwy # 317

Coral Gables, FL 33146

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 29 PM 4:48

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 30, 2015 (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.)

Carlos Alamo, Authorized Representative of Member

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)