L15000122878

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
Special instructions to	Filling Officer.	





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FILED

2015 JUL 15 AM 9: 16

SECRETARY OF STATE

JUL 2 3 2015

COVER LETTER

Division of Corporations
SUBJECT: Old Cuban Cate, IIC. (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:
Jasmine Rodrigues (Contact Person) Bost Qick Tax Rets. (Firm/Company)
320 S. Bumby Ave Str. 10 (Address)
Orlando FL 32803 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (40) 896-7921 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
■ \$150.00 Filing Fees (\$25 for Conversion and Certificate of Status of Organization) ■ \$155.00 Filing Fees and Certified Copy (Certificate of Status Stat
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

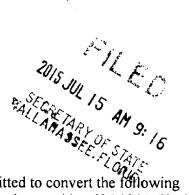
Articles of Conversion

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Cov Povation (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 4 10 3013 (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:
Old Cuban Cate, IIC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: \(\frac{1}{3} \sum \frac{2015}{3005} \). (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; \(\frac{AND}{2} \)) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 3'd day of JOIN	20_15
	\wedge
Signature of Authorized Representative of Limi Signature of Authorized Representative Printed Name: JOIO PLYLL	Title: MGRM
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Tolio Revez	Title: PUSIDENT
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit 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 Name: Stirty Company is: **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1672 N. Colduntad Rd 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: Julio Perez 1672 N. Goldenrod Rd Florida street address (P.O. Box NOT acceptable) ONBUGO 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..

(CONTINUED)

red Agent's Signature (REQUIRED)

Page 1 of 2

Company.	
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGRM	JULIO PEREZ
	1672 N. GOLDINGO Rd 041200 FL 32807
MGR.	Ana Leon
	1672 N. Coldinrod Rd
	Orlando FL 32807
te: If the date inserted in this block does not me bument's effective date on the Department of Startella VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be listed as the tate's records.
REQUIRED SIGNATURE:	
	nber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false in constitutes a third degree fe	formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
JUlio	Typed or printed name of signee
	Typed or printed name of signee Filing Fees
\$125.00 Filing Fee for Article \$ 30.00 Certified Copy (Opt	es of Organization and Designation of Registered Agent ional) \$ 5.00 Certificate of Status (Optional)
\$ 50.00 Certified Copy (Opt	Page 2 of 2

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