L15000127094

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
1	-	
- -	Office Use On	lv



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

7/48/15

COVER LETTER

Division of Corpora		
SUBJECT: CUANOLOGIK,	LLC	
		orida Limited Company)
		ization, and fees are submitted to convert an "Other pany" in accordance with s. 605.1045, F.S.
Please return all correspond	ence concerning this matter	to:
KATHY LAX		
(Con	tact Person)	
SALVER & COOK, LLP		
(Firm	n/Company)	
2721 EXECUTIVE PARK DRIV	VE, SUITE 4	
(/	Address)	
WESTON, FL 33331		
(City, Sta	te and Zip Code)	
K.LAX@PSCCPAS.COM		·
E-mail Address: (to be used for	or future annual report notification	ns)
For further information con-	cerning this matter, please of	all:
KATHY	at (at	389-1333
(Name of Contact Perso	(Area	Code) (Daytime Telephone Number)
Enclosed is a check for the	following amount:	
	5.00 Filing Fees	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	Re Di P.	AILING ADDRESS: gistration Section vision of Corporations O. Box 6327 Ilahassee, FL 32314

INHS11 (02/15)

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 Bu	siness Entity" immediately prior to the filing of the Articles of Conversion is: CUANOLOGIK CORP
	(Enter Name of Other Business Entity)
2. The "Other Business Entity	or is a CORPORATION .
•	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or inc	orporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
3/7/14	(Enter state, or if a non-U.S. entity, the name of the country)
on 3/7/14 (date of organization, formation	or incorporation)
	mited Liability Company as set forth in the attached Articles of Organization:
CUANOLOGIK, LLC	
(Enter	Name of Florida Limited Liability Company)
	of filing, enter the effective date: of be prior to date of receipt or filed date nor more than 90 days after the
date this document is filed b date listed in the attached A	y the Florida Department of State; <u>AND</u> 2) must be the same as the effective rticles of Organization, if an effective date is listed therein.) bek does not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has	been approved in accordance with all applicable statutes.

Page 1 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	CLIANOLO		
	CUANOLOG Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	<u> </u>
	•		
ARTICLE II -			
The mailing add	ress and street address of the	ne principal office of the Limited	Liability Company is:
Principal Offic	e Address:	Mailing Address:	
7275 NW 68TH S	TREET	7275 NW 68TH STREET	
SUITE 5		SUITE 5	Name of the little distribution of the little di
MIAMI, FL 33166	5	MIAMI, FL 33166	
(The Limited Liability business entity with		ered Office, & Registered Ager Registered Agent. You must designate an in the registered agent are:	
	ALBERTO J. CUAN		iALI 35
Name		Vame	LAHASS
7275 NW 68TH STREET,		SUITE S	ASS ASS 27
Florida street address		(P.O. Box NOT acceptable)	
	MIAMI	FL 33166	5 : [0]
	City	Zip	5
·			⋝

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)

Page 1 of 2

	Signed this AUSth day of June	20 <u>15</u> .				
	Signature of Authorized Representative of Limi	gnature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: ALBERTO J. CUAN Title: PRESIDENT						
Printed Name: ALBERTO J. CUAN Title: PRESIDENT						
سميد	Signature(s) on behalf of Other Business Entity:	See below for required signature(s)				
-	Signature: Printed Name:					
	Printed Name:	_ Title:				
	Signature: Printed Name:					
	Printed Name:	Title:				
	Signature:					
	Signature:	Title:				
	C:					
	Signature:Printed Name:	Title:				
		•				
	Signature:Printed Name:	Tido				
	Signature:Printed Name:					
	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 Liabili	ty Limited Partnership				
	Signatures of ALL General Partners.	ty 12mmed 1 ar the range.				
	4111					
	All others: Signature of an authorized person.	•				
	Fees:					
	Articles of Conversion:	\$25.00				
	Fees for Florida Articles of Organization:	\$125.00				
	Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)				
	CALCITATION OF CAMPING	word (ceptional)				



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 23, 2015

ALBERTO J CUAN 7275 NW 68TH STREET, SUITE 5 MIAMI, FL 33166

SUBJECT: CUANOLOGIK, LLC Ref. Number: W15000043123



We have received your document for CUANOLOGIK, 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):

PLEASE SIGN IN THE HIGHLIGHTED AREA.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return the corrected original and one copy of 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) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 915A00013197