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(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Outflood Outline
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

8/11/15 12

Office Use Only

COVER LETTER

TO: Registration S Division of C			
		a (<i>7</i> .
SUBJECT:	MARTEL	Confort	CORP.
		of Resulting Florida Limite	
	· ·		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
HOVEL YOLL MARTEL	(Contact Person) Confort (Firm/Company)	20Rp.	
	(Address)		
Miani Fl	33 196 City, State and Zip Code)		
((City, State and Zip Code)		
E-mail Address: (to b	DENAS @ Yahoo e used for future annual rep	port notifications)	
For further information	on concerning this mat	ter, please call:	
Hove V Yoel A	Lartel Santana	at (<u>786</u>) 80 (Area Code) (Day	O3 OOYO
	or the following amou		,
☐ \$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	G ,
STREET ADDRESS	S:	MAILING A	ADDRESS:
Registration Section		Registration S	
Division of Corporati	ions	Division of C	
Clifton Building		P. O. Box 632	27

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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: Lartel Confort Corp (Enter Name of Other Business Entity) Confort Corp Co
(Enter Name of Other Business Entity) 2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Florida Miani Dabe (Enter state, or if a non-U.S. entity, the name of the country) on 9 do Junio 2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (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.) 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 9 day of June	
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Misleydis Caydenas lale	des Title: AMOR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Hartels Printed Name: Hover York Hartel Santa	maTitle: MBR
Signature: Whom. Printed Name: Misleydi's Cardena's Vala	les Title: AMBR
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:	Title:
Signature:	
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 Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability 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

	CONFORT CORP.	
(Must end with the words "Lir	mited Liability Company, "L.L.C.," or "LLC.")	
RTICLE II - Address:		
	of the principal office of the Limited Liability Com	ipany
<u> </u>		
rincipal Office Address:	Mailing Address:	
14021em 142 ct	14/12/5/11 147 5=	
103130 11231		
Miani FL 33196	Miami FL 33196	
RTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signature:	
RTICLE III - Registered Agent, Refine Limited Liability Company cannot serve as its business entity with an active Florida registration.) the name and the Florida street addres	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another	
RTICLE III - Registered Agent, Robbe Limited Liability Company cannot serve as its ousiness entity with an active Florida registration. The name and the Florida street address with the name and the name and the name address with the name and the	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another	
RTICLE III - Registered Agent, Refine Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address with the name and the	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another	
RTICLE III - Registered Agent, Refine Limited Liability Company cannot serve as its ousiness entity with an active Florida registration.) the name and the Florida street address It is in the property of the Limited Agent, Refine the Lim	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another	

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

Title: "AMDD" — Authorized Mombie	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Manager MGR	Hover Val electel Sortana
	Hover York Hartel Sarrana 6225 SW 136CT Apt C101 Miani FL 33183
	Minu! Fl. 33183
	<u></u>
AMBR	Misleydis Cardenas Valdes
	6225 SW 136 CT Apto C101
	Migni Pl 33183

EV: Effective date, if other that	an the date of filing:, (OPTIONA
LE V: Effective date, if other that fective date is listed, the date in days after the date of filing.! the date inserted in this block does not?'s effective date on the Department of the days after the date on the Department of the days after the date on the Department of the days after the date on the Department of the days after th	must be specific and cannot be more than five business meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other that fective date is listed, the date in days after the date of filing.! the date inserted in this block does not it is effective date on the Department of it. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me In accordance with section 605.0 stitutes an affirmation under the in aware that any false information stitutes a third degree felony as institutes as third degree felony as institutes as the section of the	meet the applicable statutory filing requirements, this date will not be State's records. mber or an authorized representative of a member. 2205 (3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State

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)



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2015

HOVER YOEL MARTEL SANTANA 14031 SW 142 ST MIAMI, FL 33196

SUBJECT: MARTEL CONFORT CORP

Ref. Number: W15000045761

We have received your document for MARTEL CONFORT CORP and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU ARE MISSING THE FIRST PAGE OF THE CONVERSION.

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: 315A00014159

www.sunbiz.org