15000/37560

(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



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08/10/15--01043--005 **155.00

SECRETARY OF CORPORATION

~ 08/14/15

COVER LETTER

TO:	Registration S Division of C					
SUBJ	ECT: ENVIOS	EXPRESS CUBA CORP				
		(Name	of Resulting Florida	Limite	ed Company)	•
					nd fees are submitted to occordance with s. 605.10	
Please	e return all corr	espondence concernin	g this matter to:			
IDAL	MIS OLIVERA					
		(Contact Person)				
1829 S	SW 8 ST	(Firm/Company)				
		(Address)				
MIAM	II FL 33135					
	((City, State and Zip Code)				
ENVI	OSACUBACORP	@GMAIL.COM				
E-r	nail Address: (to b	e used for future annual re	port notifications)			
For fu	ırther informati	on concerning this ma	tter, please call:			
IDAL	MI OLIVERA CE	RVANTES	at (⁷⁸⁶	499-0	0429	
(Name of Contact Person)			(Day	rtime Telephone Number)		
Enclo	sed is a check f	for the following amou	ınt:			
(\$25 fc	0.00 Filing Fees or Conversion of for Articles anization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STRE	EET ADDRES	S:	MAILI	NG A	ADDRESS:	
Registration Section		Registration Section				
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327				
	n Building Executive Cent	er Circle			27 FL 32314	

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.

	name of the "Other I	Business Entity" immediately P	orior to the filing	of the Articles	of Conversion is:
(014-026813)	(Enter Name of Other Business	Entity)		
2. The	"Other Business Ent	ity" is a		·	
		(Enter entity type. Exampl general partnership, con			
First o	rganized, formed or in	ncorporated under the laws of	FLORIDA		
	07/25/2014	(En	ter state, or if a non-	U.S. entity, the na	ime of the country)
on(dat	e of organization, formati	on or incorporation)			
3. The	name of the Florida	Limited Liability Company as	set forth in the at	tached Article	es of Organization:
	ENVIOS TRA	VEL CUBA LLC			
	(Ent	er Name of Florida Limited Liability	Company)	·	
4. If n	ot effective on the dat	te of filing, enter the effective	date:07/25/201	15	
(The e date th date lis <u>Note:</u> I	ffective date: 1) can nis document is filed sted in the attached f the date inserted in this b	not be prior to date of receip by the Florida Department of Articles of Organization, if a block does not meet the applicable st Department of State's records.	t or filed date no of State; <u>AND</u> 2) n effective date i	or more than 9 must be the sa is listed therein	ame as the effective
5. The	plan of conversion ha	as been approved in accordance	with all applicat	ole statutes.	

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATION:

Signed this 25 day	y of JULY	_ 20_15		
Signature of Authorized	Representative of Limit	ed Liability Company:		
Signature of Authorized R Printed Name: IDALMI OLI	tepresentative:	Title: PRESIDENT		
i	() Other Business Entity: [S	See below for required signature(s)]		
Printed Name: ANDRES FD	DRES	Title: VICEPRESIDENT		
Signature: YAMILA OL	IVERA CERVANTES	Title: 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 Partne Signature of one General Partne		y Partnership:		
If Florida Limited Partne Signatures of <u>ALL</u> General		y Limited Partnership:		
All others: Signature of an authorized	person.			
Fees:				
Articles of Conver Fees for Florida Ar Certified Copy: Certificate of Statu	rticles of Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

15 AUG 10 AMII: 50

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the L	me: imited Liability Company is	s:				
	ENVIOS TRAVEL CUBA	LLC				
(M	ust end with the words "Limited Liab	oility Compar	ıy, "L.L.C.," or "LLC.")			
ARTICLE II - Ac The mailing addre	ddress: ss and street address of the	principal o	office of the Limited L	Liability Company is:		
Principal Office A	Address:	<u>Maili</u>	Mailing Address:			
5542 SW 8 ST MIAMI FL 33134		5542 SW 8 ST MIAMI FL 33134				
(The Limited Liability C business entity with an	Registered Agent, Registered ompany cannot serve as its own Reg active Florida registration.) Florida street address of the	istered Agen	t. You must designate an indi-			
	IDALMI OLIVERA	CERVAN	ΓES			
	Nan					
	5542 SW 8 ST					
	Florida street address (P.	O. Box <u>N</u>	OT acceptable)			
	MIAMI	FL				
	City		Zip			
liability comp registered agent statutes relatin	med as registered agent and pany at the place designated and agree to act in this capage to the proper and complete bligations of my position as r	in this cer acity. I fur performa	tificate, I hereby accep ther agree to comply w ince of my duties, and I	ot the appointment as with the provisions of al I am familiar with and		
	llu	2				
	Registered Agent's Si	gnature (F	EQUIRED)	SECRETARY VISION OF CO		
	(CONTI			FILED SARY OF S		
	Page 1	.of2		₹ . ≥₽		

(Dise attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing:	. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	be more than five business days prior
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member or an authorized representation (In accordance with section 605.0205 (3), Florida Statutes, the constitutes an affirmation under the penalties of perjury that the I am aware that any false information submitted in a document to constitutes a third degree felony as provided for in s.817.155, F.S.	execution of this document facts stated herein are true. to the Department of State
IDALMI OLIVERA CERVAN	
Typed or printed name of s	ignee
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)

Page 2 of 2

15 AUG 10 AMII:

ARTICLE IV-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		
PRESIDENT	IDALMI OLIVERA CERVANTES	
· · · · · · · · · · · · · · · · · · ·	5542 SW 8 ST MIAMI FL 33134	
VICEPRESIDENT	ANDRES FLORES	
	5542 SW 8 ST MIAMI FL 33134	
SECRETARY	YAMILA OLIVERA CERVANTES	
	5542 SW 8 ST MIAMI FL 33134	