## 16000016469

(Re	equestor'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:					



1115-76929



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01/07/16--01023--004 \*\*77.50

11/09/15--01046--006 \*\*77.50

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### **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: Sam M. FerliTa ParTnership, 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:							
I an S. Giovinco, Esq.  (Contact Person)  Fun S. Giovinco, P.A.  (Firm/Company)							
2111 W. Swann ave; #203 (Address)							
TAMPA, F1 33606  (City, State and Zip Code)  Tan & GiovincoLaw. Com							
(City, state and Zip Code)							
E-mail Address: (to be used for future annual report notifications)							
For further information concerning this matter, please call:							
Tan 5. Giovinco at (813) 605-7632  (Name of Contact Person) (Area Code) (Daytime Telephone Number)							
(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)  \$150.00 Filing Fees and Certificate of \$180.00 Filing Fees and Certified Copy (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							



November 25, 2015

IAN S. GIOVINCO, ESQ. 2111 W. SWANN AVE., STE.203 TAMPA, FL 33606

SUBJECT: SAM M, FERLITA PARTNERSHIP

Ref. Number: W15000076924-

We have received your document for SAM M, FERLITA PARTNERSHIP and your check(s) totaling \$77.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The "entity type" you are attempting to convert to is already existing in our records (see the attached printout).

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 115A00024897

www.sunbiz.org

.... DA DAY 0005 M.H.L.... DL. 11. 000:



Florida Department of State Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## SUBJECT: SAM M. FERLITA PARTNERSHIP Ref Number: W15000076924

### MARYANN DICKEY,

I recently attempted to convert this Partnership to an LLC: Sam M. Ferlita Partnership, LLC. However, I mistakenly formed the LLC myself before the conversion.

I understand that if we revoke the LLC then the name will not be available for use for 120 days. Therefore I called your office and I was instructed to inform you that we are Dissolving the LLC and we will not revoke the dissolution of the LLC and we REALEASE THE NAME OF THE LLC. We are the same party.

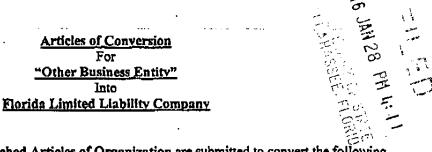
Enclosed please find the paperwork for the conversion of Sam M. Ferlita Partnership to Sam M. Ferlita Partnership, LLC.

Thank you for your attention to this matter and please call if there are any questions.

Jan S. Giovinco, Esq.

### **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: Sam M. FerliTa Partnership Di							
Name of Florida Partnership							
The enclosed Certificate of Conversion and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to:							
Ian S. Giovinco, Esq.							
Ian S. Giovinco, P.A.							
2111 W Swann Ave, STE 203							
Tampa, FL 33606							
City, State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
ION GIOVINCO at (813) 728-8548  Name of Contact Person Area Code and Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee S33.75 Filing Fee and Certificate of Status S77.50 Filing Fee Certificate Of Status							
STREET ADDRESS: MAILING ADDRESS:							
Registration Section Registration Section							
Division of Corporations Division of Corporations							
Clifton Building P. O. Box 6327							
2661 Executive Center Circle Tallahassee, FL 32314							
Tallahassee, FL 32301							



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:  Sam M. Ecclita Partnership.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>General ParTnership</u> .  (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 Feb 22, 2013 (date of organization, formation or incorporation)  (Rater state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sam M. Ferlita Partnership, LLC (Enter Name of Florida Limited Liability Company)
(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.

<b>.</b>	
Signed this 6 day of January	_20_ <i>[6</i>
Signature of Authorized Representative of Chui	ted Liability Company:
Signature of Authorized Representative:  Printed Name: HAGELES FILTER	ester . Finde
Briand Names # OCH 1955	1 Grisla 1/0 200 a.C.
Frinted Name. ATT-ETC 19	-1ide. Appropri
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Charles Stulit	
Signature: Charles Stulit	Title: General Partner
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:Printed Name:	
Printed Name:	Title:
. Cinantum.	
Signature:Printed Name:	Tisla
Timo Mano.	1100.
Signature:	
Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
**************************************	. m
If Florida General Partnership or Limited Liabilit	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabille	ty Limited Partnership
Signatures of ALL General Partners.	ty Edinated Lattife Sinta
organization of Anna Control of Actions.	
All others:	
Signature of an authorized person.	
•	
Fccs:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	•
Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

# ARTICLE II - 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.)

Name

2111 W. Swann ave., #203

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

The name and the Florida street address of the registered agent are:

TANPA FL 33606
City 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)

Page 1 of 2

	Company:			
	Title:  "AMBR" = Authorize  "MGR" = Manager  MG-R	ed Member	Name and Address:  Angeles CelesTe  8615 Leighton Dr.  Taupa, F1 33614	Ragamo
			Tampa, F1 33614	
				- 10
	(Use attachment if ne	cessary)		
ARTIC	CLE V: Effective date,	if other than the date	e of filing:	(OPTIONAL)
to or 9 <u>Note:</u> I	0 days after the date o	f filing.) ock does not meet the ap	pecific and cannot be more than applicable statutory filing requirements, the ords.	
ARTIC	CLE VI: Other provisio	ns, if any.		
	REQUIRED-SIGNA	TURE:	et Ragiono	
	Signata	re of a member or	an authorized representative of	a member.

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

ARTICLE IV-

Angeles Celeste Ragano
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)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

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