1160000033261

(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:			
WHO-9958			

Office Use Only



200280087932

01/29/16--01023--009 **185.00

2016 FEB 18 PM 1:26

FEB 1 8 2016 T. BROWN

COVER LETTER

SUBJECT: Vero		to LLC.	
·	(Name	of Resulting Florida Limite	d Company)
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Mark Occho	1270		
	(Contact Person)		
Vero Vista	Auto LLC	<u> </u>	
5912 S '	(Firm/Company)	N	
O 112 span	(Address)	<u>x</u>	
Ft. Pièrce	FL 34951 City, State and Zip Code)		
Vero vista de E-mail Address: (to be	y mail. Come used for future annual rep	port notifications)	
For further information	on concerning this mat	tter, please call:	
Mark Occhuiz (Name of Conta	ct Person)	<u></u>	34-5528 time Telephone Number)
Enclosed is a check for	or the following amou	nt:	
\$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	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING A	DDRESS:
Registration Section		Registration S	
Division of Corporati	ons	Division of C	
Clifton Building		P. O. Box 632	27
2661 Executive Center		Tallahassee, F	FL 32314
Tallahaceaa El 2220	11		

INHS11 (06/15)

TO: Registration Section Division of Corporations



February 9, 2016

MARK OCCHUIZZO 5912 SPANISH RIVER RD FORT PIERCE, FL 34951

SUBJECT: VERO VISTA AUTO LLC.

Ref. Number: W16000009958

We have received your document for VERO VISTA AUTO LLC. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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.

Teresa Brown Regulatory Specialist II

Letter Number: 016A00002802

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 S. Corporation. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of State of Florida, USA (Enter state, or if a non-U.S. entity, the name of the country) on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
VERO VISTA AUTO LLC.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: date of Silve , (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

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

document's effective date on the Department of State's records.

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

Signed this day of	20 <u> \ </u>
Signature of Authorized Representative of Lim	ited Liability Company:
\mathcal{N}	/ /() . \sim
Signature of Authorized Representative: Mark Printed Name: Mark Occhuizzo	_ Title: Owner/President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Mark College	
Printed Name: Mark Occhrizzo	Title: Owner/President
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:

Vero Vista An

ARTICLE II - Address:

The name of the Limited Liability Company is:

Mailing Address:
5912 Spanish River Rd. Ft. Pière, Fl 34951
Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
gistered agent are:
7.00
River Rd.
Box NOT acceptable)
FL 34951
Zip
accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of alterformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

Company:	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"Mar" Manager HUB K	Mark Occhsizzo 5912 Spanish River Rd. Ft. Pièrce, FL 34951
	·
•	
(Use attachment if necessary)	
(If an effective date is listed, the date must b to or 90 days after the date of filing.)	date of filing: <u>Acte of Siling</u> . (OPTIONAL) e specific and cannot be more than five business days price e applicable statutory filing requirements, this date will not be listed as the records.
ARTICLE VI: Other provisions, if any.	·
REQUIRED SIGNATURE:	≈O
This document is executed in acc	or an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes. ion submitted in a document to the Department of State s provided for in s.817.155, F.S.
Mark Occhoi	ed or printed name of signee
	Filing Fees
5145.00 ring ree for Articles of	Organization and Designation of Registered Agent

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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