L16000042736

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
TATE AHASSEF, FI-ORIO

03-02-16

COVER LETTER

TO: Registration Division of C			
SUBJECT: THE WA	ANDERING TEXAN LLC		
50502011	(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 corn	respondence concernin	g this matter to:	
YOGANANDA NUNE	Z		
	(Contact Person)		
FRANCHISE LINK			
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
5920 SMOKEY QUAR	TZ CT.		
	(Address)		
HENDERSON, NV 89	011		
(City, State and Zip Code)		
CHAPLAIN1900@YA	ноо.сом		
E-mail Address: (to I	be used for future annual re	port notifications)	
For further informati	ion concerning this ma	•	
(Name of Cont	act Person)	_at ()(Day	rtime Telephone Number)
·		·	time receptione (validor)
Enclosed is a check	for the following amou	int:	
☐ \$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 ADDRES	SS:	MAILING A	ADDRESS:
Registration Section		Registration S	
Division of Corporat Clifton Building	tions	Division of C P. O. Box 633	
2661 Executive Cent	ter Circle	Tallahassee, 1	
Tallahassee, FL 323	01	,	

INHS11 (06/15)

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.

(Enter Name of Other Business Entity)			
GENERAL PARTNERSHIP 2. The "Other Business Entity" is a			
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
First organized, formed or incorporated under the laws of	$\overline{\mathbb{A}}_{\mathcal{O}}$	-4	
JANUARY 2,2015 on (Enter state, or if a non-U.S. entity, the no (date of organization, formation or incorporation)	IMPAHASSI	6 E 23	Lister Street
 The name of the Florida Limited Liability Company as set forth in the attached Article The Wandering Texan LLC 	ese STATE	·Signi	zation:
(Enter Name of Florida Limited Liability Company)	IDA A	50	
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 9 date this document is filed by the Florida Department of State; AND 2) must be the s date listed in the attached Articles of Organization, if an effective date is listed thereis Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ame as n.)	the e	ffective

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

Signed this 12TH day of FEBRUARY	2016			
Signature of Authorized Representative of Limi	ited Liability Company:			
Signature of Authorized Representative Printed Name: JAIME RIOS	Title: MANAGER	_		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
Signature: Printed Name: JAIMERIOS	Title: GENERAL PARTNER	- -		
Signature:Printed Name:		_		
Printed Name:	1 iffe:	-		
Signature:Printed Name:	Title:	- -		
Signature:		_		
Printed Name:	Title:	- -		
Signature:	T'.1			
Printed Name:	I itle:	- ALL	16	
Signature:Printed Name:	Tid	- <u>2</u>	833	En Carpon
rinted Name:	Title:	- SS	23	SALTE COMPANY
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or		F (/\	PH	
If Directors or Officers have not been selected, an Inc	corporator must sign.	TATE DRID	ः: 5 0	O
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	D		
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: 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Wandering Texan LLC (Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
2753 PAVERO WAY	2753 PAVERO WAY
LAS VEGAS, NV 89142	LAS VEGAS, NV 89142
ARTICLE III - Registered Agent, Re	gistered Office & Registered Agent's Signature
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address FRANCHISE LINK LI 5128 BIG FOREST LN	Name Name SEE FLORIDA
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address FRANCHISE LINK LI 5128 BIG FOREST LN	own Registered Agent. You must designate an individual of another of the registered agent are:

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..

Mocanarla (Nicional Registered Agent's Signature (RECUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	LLD GEDVOO	
MGR	JAIME RIOS	
	2753 PAVERO WAY	
	LAS VEGAS, NV 89142	
MGR	YOGANANDA NUNEZ	· •
	5920 SMOKEY QUARTZ CT	
	HENDERSON, NV 89011	<u> </u>
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ffective date is listed, the date must days after the date of filing.)	ne date of filing: t be specific and cannot be more that the applicable statutory filing requirements	an five business da
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet at's effective date on the Department of State	the applicable statutory filing requirements,	an five business da
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.)	the applicable statutory filing requirements,	an five business da
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet a seffective date on the Department of State	the applicable statutory filing requirements,	an five business da
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet a seffective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in a lam aware that any false information.	the applicable statutory filing requirements,	this date will not be listed a member. of a member. orida Statutes.
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet it's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in a I am aware that any false information.	the applicable statutory filing requirements, it's records. er or an authorized representative accordance with section 605.0203 (1) (b), Flormation submitted in a document to the Depart	this date will not be listed a member. of a member. orida Statutes.

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

ARTICLE IV-