11000057289

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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3/23/10

COVER LETTER

.		49	, ,					
TO:	Registration S Division of Co							
SUBJ	ECT: MIAMI B	EACH CAB CORP						
2020		(Name o	of Resulting Florida	Limite	d Company)	-		
					d fees are submitted to occordance with s. 605.10		'Otho	er
Please	e return all corre	espondence concerning	g this matter to:					
CRIST	ΓΙΝΑ IBEN							
		(Contact Person)						
CNA	BOOKKEEPING S							
		(Firm/Company)						
11081	KANE CONCOUR							
		(Address)						
BAY	HARBOR ISLANI	D, FL 33154						
	,	City, State and Zip Code)						
	BOOKKEEPER@C							
E-i	nail Address: (to be	e used for future annual rep	port notifications)					
For fu	ırther informatio	on concerning this mat	tter, please call:					
CRIS	ΓΙΝΑ IBEN		_at (_ ⁷⁸⁶	339-2	2814			
	(Name of Contact	ct Person)	(Area Code)	(Day	rtime Telephone Number)	-		
Enclo	sed is a check for	or the following amou	nt:					
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$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		# C	i		
Regis Divis Clifto	EET ADDRESS tration Section ion of Corporati in Building Executive Cente	ons	Registra Divisio P. O. B	ation S n of C ox 632	Corporations	TANK ZO THE	၁ - ၁ [

Tallahassee, FL 32301



March 14, 2016

CRISTINA IBEN 1108 KANE CONCOURSE SUITE 205-B BAY HARBOR ISLAND, FL 33154

SUBJECT: MIAMI BEACH CAB LLC Ref. Number: W16000014830

We have received your document for MIAMI BEACH CAB LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 616A00005222



FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED 16 HAR 23 PM 4: 29

CEC PTARY OF STATE TALE AHAU EE, FLOOD A

February 29, 2016

CRISTINA IBEN 1108 KANE CONCOURSE SUITE 205-B BAY HARBOR ISLAND, FL 33154

SUBJECT: MIAMI BEACH CAB LLC Ref. Number: W16000014830

We have received your document for MIAMI BEACH CAB LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 916A00004156

MIAMI BEACH CAB CORP 1470 NE 123 STREET SUITE 1209 MIAMI, FL 33161

March 7, 2016

Ref. Number: W16000014830 Letter Number: 916A00004156

Dear Claretha Golden Regulatory Specialist II New Filing Section

We opened this Corporation back in 05/15/2014. However we were not aware of the option of changing our business status to an "LLC". We recently changed our accountant and the actual advised us to apply for this Conversion.

We are therefore submitting the application and respectfully asking for the approval to be effective in order to file our 2015 Taxes under LLC instead.

We truly appreciate your cooperation and humbly we will wait for your favorable response as your earliest convenience.

My best regards,

Ronaldo E Menegussi

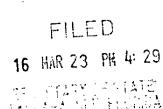
Articles of Conversion

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conv. MIAMI BEACH CAB CORP (Enter Name of Other Business Entity) (Enter Name of Other Business Entity)	ersion is:
2. The "Other Business Entity" is a LLC (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 05/15/2014 (Enter state, or if a non-U.S. entity, the name of the (date of organization, formation or incorporation)	country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Org	;anization:
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 02/18/2016 (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days:	ofter the
date this document is filed by the Florida Department of State; AND 2) must be the same as t 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 document's effective date on the Department of State's records.	he effective
5. The plan of conversion has been approved in accordance with all applicable statutes	

Page 1 of 2

		•	1	
Signed	this <u>07</u>	day of March	20_16	
Signatu	ire of Autho	rized Representative o	of Limited Liability Company:	
Signatu	re of Authori	zed Representative:	Hewall &	
Printed	Name: RONA	LDO E MENEGUSSI	Title: PRESIDENT	
Signatu	re(s) on beha	alf of Other Business E	ntity: [See below for required signature	re(s)]
-	~~~			
Signatu	re: <i>Adul</i>	ma		
Printed '	Name: RONA	LDO E MENEGUSSI	Title: PRESIDENT	
Signatur	re:			
Printed	Name:		Title:	
Signatu	re:			
Printed '	Name:		Title:	
Signatur	re:			
Printed	Name:		Title:	
Signatur	re:			
Printed	Name:		Title:	
	<u> </u>			
Signatur	ге:			
Printed	Name:		Title:	
If Flori	da Corporati	on:		
Signatu	re of Chairma	n, Vice Chairman, Direc	ctor, or Officer.	
			d, an Incorporator must sign.	
If Flori	da General P	artnership or Limited	Liability Partnership:	
Signatu	re of one Gen	eral Partner.		
If Flori	da Limited P	artnership or Limited	Liability Limited Partnership:	
Signatu	res of ALL G	eneral Partners.		
All other	ers:			
Signatu	re of an autho	rized person.		
Fees:				
	Articles of C	onversion:	\$25.00	
		ida Articles of Organiza	•	
	Certified Cor	•	\$30.00 (Optional)	
	Certificate of		\$5.00 (Optional)	
	Commeate of	Dialus.	as.ou (Ophionai)	

ARTICLES OF ORGANIZATION FOR I	FLORIDA LIMITED LI	IABIL	ITY CO	MPANY'
			FILE	E.D
ARTICLE I - Name:				
The name of the Limited Liability Company is:		16	HAR 23	PH 4: 29
		₹ 24		THE DA
MIAMI BEACH CAB LLC		ij,		LELDE DA
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	·	
ARTICLE II - Address:				
The mailing address and street address of the pr	incipal office of the Limit	ed Lia	bility Con	npany is:
Principal Office Address:	Mailing Address:			
1470 NE 123RD ST APT 1209	1470 NE 123RD ST APT 12	209		
NORTH MIAMI, FL 33161	NORTH MIAMI, FL 33161			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	ered Agent. You must designate ar			
RONALDO E MENEGUSSI				
Name	;			
1470 NE 123RD ST APT 1209				
Florida street address (P.O.	. Box NOT acceptable)			
NORTH MIAMI	FL 33161			
City	Zip			
Having been named as registered agent and to	accept service of process	for the	above sta	ted 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:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
"AMBR"	RONALDO E MENEGUSSI		
	1470 NE 123RD ST APT 1209	_	
	NORTH MIAMI, FL 33161		
		_	
		_	
		_	
		_	
701			
(Use attachment if necessary)			
RTICLE V: Effective date, if other than the	e date of filing: (OPT	IONA	L)
	be specific and cannot be more than five busin		
or 90 days after the date of filing.)	•		• •
	the applicable statutory filing requirements, this date will i	not be	listed as
cument's effective date on the Department of State's	s records.		
RTICLE VI: Other provisions, if any.			
			_
		6	
	Pro	*****	
REQUIRED SIGNATURE:	The state of the s	20	<u> </u>
Dunes	4	23	-
- CHOO W	<u> </u>	 ,	
	r or an authorized representative of a membe	r. 🎫	J
	ccordance with section 605.0203 (1) (b), Florida Statutes.		
I am aware that any false inform		4 : 29	
I am aware that any false inform	ecordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.	2	
I am aware that any false inform constitutes a third degree felony RONALDO E MENEGUS	ecordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.	2	

\$125.00 Filing Fee 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

ARTICLE IV-