# L16000066201

(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:
Specification of the grant of t
APR - 6 2016
A. DUNLAP

Office Use Only



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SECRETARY OF SIME



37



April 20, 2015

PHILIPPE DEROSE 18870 NE 21ST AVE MIAMI, FL 33179

SUBJECT: JOHN J. ENTERPRISE LLC

Ref. Number: W15000027409

We have received your document for JOHN J. ENTERPRISE 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):

The effective date must be specific and cannot be prior to the date of 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) 245-6051.

Letter Number: 915A00007824

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

#### **COVER LETTER**

Division of Corporations	_				
SUBJECT: John J. I	ENTERPOSE Resulting Florida Limited	d Company)	_		
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Liab				n "Ot	her
Please return all correspondence concerning	this matter to:				
Philippe Deros (Contact Person)	<u>e</u>				
18870 NE 21 St A (Address)	venue				
North Miani Brach	4-L3317	<u> 19</u>			
(City, State and Zip Code)  Phul ppedevose a yak  E-mail Address: (to be used for future annual repo					
For further information concerning this matter	er, please call:				
'thilippe Derose	at (305) 5	82-3246	_		
Enclosed is a check for the following amount		time Telephone Number)			
	□\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section		-4, -	_	
Division of Corporations	Division of Corporations		은	ח	Z
Clifton Building	P. O. Box 6327 Tallahassee, FL 32314		<u> </u>	$\widetilde{\mathbb{m}}$	
2661 Executive Center Circle	Tallahassee, FL 32314			1	_

RECEIVED

MAR 31 PH 12: 4

Tallahassee, FL 32301

TO:

Registration Section

## **Articles of Conversion**

For

# "Other Business Entity"

Into

### Florida Limited Liability Company

16 MAR 31 AM 10: 1'0

SECRETARY OF STATE TALLAMASSEE, FLORIDA

O

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)  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Floriba
on (Enter state, or if a non-U.S. entity, the name of the country)  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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.

Page 1 of 2

Signed this 22 day of March	20 <u>16</u> .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Hull Printed Name: 10(1) pe Devose	ppe Servey Title: Fresident
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Human wolling Printed Name: Milliple Denose	
Printed Name: MITHE DENSE	Title: PESIOEVII
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability 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

The name of the Limited Liability Company is:
Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.,"
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:** 

**Principal Office Address:** 

ARTICLE I - Name:

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

Principal Office Address:	<u> Mailing Address:</u>		
18870 NE ZISTAVE	2712 18870 NE 21st 33179 N. Wiany Beach	Avenue 1. 1233179	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration	ts own Registered Agent. You must designate an ir		
The name and the Florida street addre	ss of the registered agent are:  Poe Derose  Name	16 MAR 31 SECHETARY TALLAHASSE	
	NE 21 Stephel Iress (P.O. Box NOT acceptable)  Reactor 33179	AH IO: TO	

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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	Philippe Derose 18870 NE 21 St Avenue N. Highy Beach Fr. 33179			
HGR	Marie A. Dense 18870 NE 21St Avenue N. Miany Brach, 7C 33179			
(Use attachment if necessary)	•			
If an effective date is listed, the date must o or 90 days after the date of filing.)	the applicable statutory filing requirements, this date will not be listed as the s records.			
REQUIRED SIGNATURE:	pe Dersea			
This document is executed in a I am aware that any false inform	r or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State v as provided for in s.817.155, F.S.			
Philippe Derose				
·	ped or printed name of signee  Filing Fees			
\$125.00 Filing Fee for Articles of	f Organization and Designation of Registered Agent			

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

**ARTICLE IV-**

Company:

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)