1160000744

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

SUBJECT: Coin	TA PROPERTY H	of Resulting Florida Limite	d Company)
			d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
HANS NA	[Contact Person]		
NAJAC TA		ig SEAvices	
771 S KIR	Kman Rd, 5 (Address)	TE 106	
Oflando to	F 32811 City, State and Zip Code)	·····	
NAJAC TAX	_	port notifications)	
For further information	on concerning this ma	tter, please call:	
HANS NA (Name of Contact	AJAC ct Person)	at (<u>407</u>) 4 (Area Code) (Day	time Telephone Number)
Enclosed is a check for	or 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 ADDRESS Registration Section	S:	MAILING A Registration S	· · · · · · · · · · · · · · · · · · ·
Division of Corporati	ons	Division of C	Corporations
Clifton Building		P. O. Box 632	
2661 Executive Center	er Circle	Tallahassee, I	FL 32314

Registration Section
Division of Corporations

TO:

Tallahassee, FL 32301

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.

(Eiii	ter Name of Other Business Entity)
2. The "Other Business Entity" is a	a CORPORATION
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpor	rated under the laws of FORDA
on 7 25 2014 (date of organization, formation or inc	(Fig. 1) is a site of the country of
COINTA PROPERTY H	d Liability Company as set forth in the attached Articles of Organization: of Florida Limited Liability Company)
(The effective date: 1) cannot be date this document is filed by the	ling, enter the effective date: 415 2016. Perior to date of receipt or filed date nor more than 90 days after the efforida Department of State; AND 2) must be the same as the effective of Organization, if an effective date is listed therein.) es not meet the applicable statutory filing requirements, this date will not be listed as the

Page 1 of 2

16 APR 12 PH 12: 14
SEGETAN OF STATE

Signed this 8th day of Alea	20 <u>16</u> .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Hans NATAC	Title: RA
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Printed Name:	Title: 1
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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:

	any is:
CDINTA PROPERTY Hold (Must end with the words "Limite	ERS of Delando, LLC ed 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 is:
Principal Office Address:	Mailing Address:
4821 MATTEO TRL DRIando, Pl 32839	0Rlando, Fl 32839
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
HANS N	JAJAC
	Name
771 S KIRK Florida street addres	MAN RA _ STE 106 s (P.O. Box <u>NOT</u> acceptable)
ORlando	<u>MAN RA _ STE 106</u> s (P.O. Box <u>NOT</u> acceptable) FL 32811
•	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager "I GR	ESTHER Pichardo 4821 HATTED TRL ORIGINAD, FI 32839
* . <u></u>	
,	
(Use attachment if necessary) CTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
TICLE V: Effective date, if other than the an effective date is listed, the date must or 90 days after the date of filing.)	be specific and cannot be more than five business days pr the applicable statutory filing requirements, this date will not be listed as
TICLE V: Effective date, if other than the an effective date is listed, the date must or 90 days after the date of filing.) e: If the date inserted in this block does not meet to	be specific and cannot be more than five business days pr the applicable statutory filing requirements, this date will not be listed as
ATICLE V: Effective date, if other than the an effective date is listed, the date must or 90 days after the date of filing.) e: If the date inserted in this block does not meet tument's effective date on the Department of State's	be specific and cannot be more than five business days pr the applicable statutory filing requirements, this date will not be listed as
TICLE V: Effective date, if other than the an effective date is listed, the date must or 90 days after the date of filing.) e: If the date inserted in this block does not meet to the date of filing. TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the date o	be specific and cannot be more than five business days pr the applicable statutory filing requirements, this date will not be listed as
RTICLE V: Effective date, if other than the an effective date is listed, the date must or 90 days after the date of filing.) e: If the date inserted in this block does not meet tument's effective date on the Department of State's TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in act I am aware that any false informaconstitutes a third degree felony	the applicable statutory filing requirements, this date will not be listed as a records. The applicable statutory filing requirements, this date will not be listed as a records. The applicable statutory filing requirements, this date will not be listed as a records. The applicable statutory filing requirements, this date will not be listed as a records. The applicable statutory filing requirements, this date will not be listed as a records. The applicable statutory filing requirements, this date will not be listed as records.
RTICLE V: Effective date, if other than the an effective date is listed, the date must or 90 days after the date of filing.) e: If the date inserted in this block does not meet tument's effective date on the Department of State's TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in act I am aware that any false informaconstitutes a third degree felony HANS N	the applicable statutory filing requirements, this date will not be listed as a records. The applicable statutory filing requirements, this date will not be listed as a records. The applicable statutory filing requirements, this date will not be listed as a records.

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

ARTICLE IV-