# L16000090854

(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:	

Office Use Only



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05/04/16--01025--020 \*\*150.00

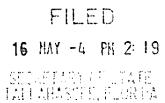
FILED 16 IIWY -4 PH 2: 10



#### **COVER LETTER**

-	ntion Section n of Corporations			
SUBJECT: NO	ONA HOUSE LLC			
-	(Name	e of Resulting Florida Limite	ed Company)	-
Business Entity	rticles of Conversion, Artic " into a "Florida Limited L I correspondence concerning	Liability Company" in a		
r lease return a	r correspondence concernii	ng uns matter to.		
ANGELA MACK				
	(Contact Person)			
creatrixoffices.co	n			
	(Firm/Company)			
2295 S.Hiawasse	Rd Suite 407			
	(Address)			
Orlando-FL 3283	5			
	(City, State and Zip Code)			
creatrix@creatrix		· · · · · · · · · · · · · · · · · · ·		
E-mail Addres	s: (to be used for future annual r	eport notifications)		
For further info	rmation concerning this ma	atter, please call:		
ANGELA MACK		at ( <sup>407</sup> ) <sup>403</sup>	-3339	
(Name o	Contact Person)	<del></del> \	ytime Telephone Number)	_
Enclosed is a cl	neck for the following amo	unt:		
\$150.00 Filing (\$25 for Conversion & \$125 for Articles of Organization)	on and Certificate of	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	<b>.</b>
STREET ADI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	ction porations g Center Circle	MAILING A Registration Division of O P. O. Box 63 Tallahassee,	Section Corporations 27	FILED MY -4 PH 2:19

## 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 Bus EXPRESS CAR OF FLORIDA CO	siness Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity) P08000265
2. The "Other Business Entity	is a CORPORATION
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or inco	rporated under the laws of
03/12/2008	(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 Lin NONA HOUSE LLC	nited Liability Company as set forth in the attached Articles of Organization:
(Enter 1	Name of Florida Limited Liability Company)
(The effective date: 1) cannodate this document is filed by date listed in the attached Ar	of filing, enter the effective date: 04/15/2016  t be prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; AND 2) must be the same as the effective ticles of Organization, if an effective date is listed therein.)  k does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
5. The plan of conversion has b	been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 13th day of April	20_16	
Signature of Authorized Representative of Lim	ited Liability Company:	
O'	10.	
Signature of Authorized Representative:		
Printed Name: DE MELO FILHO, CELSO P	Tiple: MGR	<del></del>
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Printed Name: DE MELO F/LHO, CELSO P	revision of the second	
Printed Name: DE MEDO FILHO, CELSO P	Title: Officer	<del></del>
Ciamatuma		
Signature:	Title	_
Filmed Name.	1 ide:	<del></del>
Signatura		
Signature:Printed Name:	Title	
rimed Name.	Title:	
Signature:		
Signature:Printed Name:	Title	<del></del>
Timed Name.	Title.	<b>—</b>
Signature		
Signature:Printed Name:	Title	
Timed Name.	11110.	
Signature:		
Printed Name:	Title:	_
		_
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an In-		
in Directors of Officers have not been sciented, an in-	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnershin	
Signature of one General Partner.	ty 1 at thetship.	
orginature of one deficial futures.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnershin:	
Signatures of ALL General Partners.	Ly Emmed Farthership.	
organical of <u>12222</u> Contract and the contract of		
All others:		
Signature of an authorized person.		
6		
Fees:		
<u>. 4461</u>		
Articles of Conversion:	\$25.00	f
Fees for Florida Articles of Organization:	\$125.00	<b>=</b>
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
		- 12 )
	Page 2 of 2	
		N 1
		5 G

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY\*\*

ARTICLE I - Name:		
The name of the Limited Liability Compa	any is:	16 HAY -4 PH 2: 20
		PERMETARY OF STATE PALLAMANANE, FLORIDA
NONA HOUSE LLC		<u>- PALLARA</u> PILLE, EL GRIDA
(Must end with the words "Limite	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:	
Timeipai Office Address.	Maning Address.	
7721 Narcoossee Rd,	7721 Narcoossee Rd,	
Orlando-FL 32822	Orlando-FL 32822	
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
ARTICLE III - Registered Agent, Regi	istered Office & Pegistered Age	nt's Signature
(The Limited Liability Company cannot serve as its ow		
business entity with an active Florida registration.)		
The name and the Florida street address of	of the registered agent are:	
TAY ACCOUNTING 6	ENLANCIAL OPPOLALIOTO LLO	
TAX ACCOUNTING &	FINANCIAL SPECIALISTS, LLC  Name	
	Name	
2295 S HIAWASSEE RI	D SUITE 407F	
Florida street addres	s (P.O. Box NOT acceptable)	
Orlando	FL 32835	
City	Zip	
Having been named as registered agent liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	ated in this certificate, I hereby acc capacity. I further agree to comply aplete performance of my duties, an	ept the appointment as with the provisions of all d I am familiar with and
Maga	HOWACK	
Registered Attent	's Signature (REOLURED)	

(CONTINUED)

Page 1 of 2

The name and address of each person a	authorized to manage and contr	ol the Limited Liability	
Company:	FILED		
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	16 MAY -1: PH 2: 20	
"MGR" = Manager AMBR	NONA GROUP LLC	SECRETARY OF STATE PALLADA SECTE BLORDA	
	2295 S HIAWASSEE RD SUIT		
	Orlando-FL 32835	***************************************	
AMBR	WS CORPORATE SOLUTION	·····	
	6965 PIAZZA GRANDE AVE Orlando-FL 32835	, SUITE 407	
	Опанцо-гт. 32833		
(Use attechment if managemy)			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the	date of filing: 04/15/2016	. (OPTIONAL)	
(If an effective date is listed, the date must b	e specific and cannot be more	than five business days prior	
to or 90 days after the date of filing.)		and about the second of the second of the	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's		ents, this date will not be listed as the	
·			
ARTICLE VI: Other provisions, if any. ANY LAWFULL BUSINESS.			
ANT LAWFOLL BUSINESS.			
REQUIRED SIGNATURE:			
	him		
Signature of a member	or an authorized representat	ive of a member.	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.

**LUCIANO OLIVEIRA** 

A DOTTOT TO 187

Typed or printed name of signee

#### **Filing Fees**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)

Page 2 of 2