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

Office Use Only



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COVER LETTER

TO: Registration S Division of C					
SUBJECT: EL PAST	.,				
SUBJECT:	(Name)	of Resulting Florida	_imited	d Company)	
				d fees are submitted to convert an "O coordance with s. 605.1045, E.S.	ther
Please return all corre	espondence concernin	g this matter to:		·	
Daniel J. Serber					
•	(Contact Person),				
Serber & Associates, P.A		e) (%)			
G A Will are At any	(Firm/Company)	<i></i>			
2875 NE 191st Street, Su	lite:801:				
	(Address)	•			
Aventura; FL 33180					
((City, State and Zip Code)				
info@serberlawfirm.com					
E-mail Address: (to be	e used for future annual re	port notifications)			
For further information	on concerning this ma	tter, please call:			
Yolanda L. Fornaris	-	at (305 .	932-6	5262	
(Name of Conta	ct Person)	_at (Area Code)	(Day	time Telephone Number)	
		unts.		,	
Eliciosed is a check i	or the following amou	HILK			
■ \$150:00 Filing Fees (\$25) for Conversion & \$125 for Articles of Organization)	\$1:55.00 Filing Fees and Certificate of Status	\$180,00 Filing and Certified Copy		S185:00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAILI	NG A	ADDRESS:	
Registration Section		Registra			
Division of Corporati	ons			Corporations	
Clifton Building 2661 Executive Center	er Circle	P. O. Bo Tallahas		FL 32314	

INHS1:1 (06/15)

Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity" Into

16 MAY 26 PM 1:52 SECRETARY OF STATE TALLAHASSEE FLORIDA

FILED

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 \$:605:1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ELPASTORTAQUERIA CORP. 76-33034
(Enter Name of Other Business Entity)
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 incorporated under the laws of (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:
EL PASTOR TAQUERIA LLC
(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.

Page 1 of 2

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

Signed this 20 day of May	20.16	FILED
Signature of Authorized Representative of Limi		- 16 MAY 26 PM 1:52
Signature of Authorized Representative: Printed Name: Alejandro Scolnik	Title: Manager	SECRETARY OF STATE TALLAHASSEE FLORIDA
Signature(s) on behalf of Other Business Entity:	See below for required signature(·\$)
Signature: Printed Name: Alejandro Scolnik.	Title: Director	
Signature: Printed Name:	man.	· · · perin
Signature: Printed Name:	Fitle:	
Signature:Printed Name:	Title:	
Signature: Printed Name:		
Signature: Printed Name:		
If Florida Corporation: Signature of Chairman, Director, or Directors of Officers have not been selected, an Inc.	Officer.	
If Plorida General Partnership or Limited Biabill Signature of one General Partner.	<u> Îy Partnerslîlp:</u>	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fecs</u> ;		
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 Compa	ny is:	
EL PASTOR TAQUERIA LLC		
(Must end with the words "Limited	I Liability Company, "L.L.C.," or "LLC."	")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
9700 COLLINS AVE STE 243	9700 COLLINS AVE STE	243
BAL HARBOUR, FL 33154	BAL HARBOUR, FL 3315	<u>.</u>
2875 NE 191st Street, Suit Florida street address Aventura	Registered Agent. You must designate a the registered agent are: Name e 801 (P.O. Box <u>NOT</u> acceptable) FL 33180	gent's Signature: 7 ILED An individual or another PH 1:52
City	Zip	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

		SECRETARY OF OF
Title:	Name and Address:	SECRETARY OF ST. TALLAHASSEE FLOT
"AMBR" = Authorized Member		
"MÖR" = Manager	,	
.MGR	Alejandro Scolnik	
	9700 COLLINS AVE STE 243	
	9700 COLLINS, A VE STE 243	
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0 days after the date of filing.)		
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REQUIRED SIGNATURE: Signature of a member This document is executed in action and aware that any false informations third degree felony. Alejandro Scolnik	or an authorized representation cordance with section 605.0203 (1) (b) and on submitted in a document to the boas provided for in s.817.155, F.S.	ve of a member. , Florida Statutes.
REQUIRED SIGNATURE: Signature of a member This document is executed in ac I am aware that any false informaconstitutes a third degree felony Alejandro Scolnik	or an authorized representation of the provided for in s.817.155, F.S. ed or printed name of signee Filing Fees	ve of a member. , Florida Statues. epartment of State
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