

L16000154947

(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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08/19/16--01007--016 **150.00

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16 AUG 19 PM 2:27
NOT RECORDED
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SUFFICIENCY OF FILING
FILED
16 AUG 19 PM 2:00

8/22/14

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

WHY WAIT LLC

M11000006109

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16 AUG 19 AM 8:09

☐ Nonprofit

☐ Foreign

☐ Amendment

☐ Merger

☐ Limited Partnership

☐ Dissolution/Withdrawal

☐ Mark

☐ LLC

☐ Reinstatement

☐ Annual Report

☒ Other
Conversion

☐ Name Registration

☐ Certified Copy

☐ Fictitious Name

☐ UCC

☐ Call When Ready

☐ CUS

☒ Walk In

☐ Photocopies

☐ Mail Out

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☐ Call If Problem

☒ Pick Up

☐ Will Wait

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Document

8/19/2016

Order#:

Examiner _____

10130530

Updater _____

KM

Ref#:

Verifier _____

W.P. Verifier _____

Amount: \$

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
16 AUG 19 AM 8 09

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:
WHY WAIT LLC

(Enter Name of Other Business Entity) MI100006109

2. The "Other Business Entity" is a limited liability company.
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Delaware
on 11/15/2011.
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
WHY WAIT 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.

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

Signed this 18 day of August 20 16

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative:

Printed Name: Martin Fernando Cohen

Title: Manager

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature:

Printed Name: Martin Fernando Cohen

Title: Manager

Signature:

Printed Name: Cecilia Santos Vaz Cohen

Title: Manager

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 Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

16 AUG 19 AM 8 09

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 AUG 19 AM 8:09

Why Wait LLC

(Must end with the words "Limited 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:

481 S Mashta Dr
Key Biscayne, FL 33149

Mailing Address:

481 S Mashta Dr
Key Biscayne, FL FL 33149

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Martin Fernando Cohen

Name

481 S Mashta Dr

Florida street address (P.O. Box **NOT** acceptable)

Key Biscayne

FL 33149

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)

ARTICLE IV-

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

16 AUG 19 11 8:09

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Martin Fernando Cohen

481 S Mashta Dr

Key Biscayne, FL 33149

Manager

Cecilia Santos Vaz Cohen

481 S Mashta Dr

Key Biscayne, FL 33149

(Use attachment if necessary)

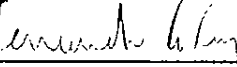
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any.

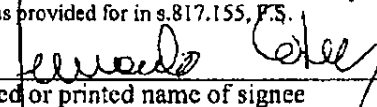
REQUIRED SIGNATURE:



Signature of a member or an authorized representative 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.

Martin Fernando Cohen


Typed or printed name of signee

Filing Fees

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