<u>U6000 179637</u>

(Requestor's Name)	
(Address)	30028935531
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	08/31/1601022-
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	white transfer to the second of the second o
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Office Use Only



--027 **150.00



IENDERSON SEP 27 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2016

JOSE MONSALVE 10245 SW 20TH STREET MIRAMAR, FL 33025

SUBJECT: SENSEI J TRAINING LLC

Ref. Number: W16000062971

We have received your document for SENSEI J TRAINING 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P16000010770 (SENSEI J TRAINING LLC).

Please return 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) 245-6052.

TANYA L HENDERSON Regulatory Specialist II

Letter Number: 616A00019367

16 AUG 31 AM 8: 39

11.000.007010

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: SENSEI	J. TRAINING LLC				
Sobole I.	(Name	of Resulting Flori	da Limite	ed Company)	-
				d fees are submitted to ccordance with s. 605.10	
Please return all corre	espondence concerning	g this matter to	:		
JOSE MONSALVE			_		
	(Contact Person)				
SENSEI J. TRAINING L					
	(Firm/Company)				
10245 SW 20TH STREE					
	(Address)				
MIRAMAR, FL. 33025					
	City, State and Zip Code)				
SENSEIJTRAINING@C					
E-mail Address: (to b	e used for future annual re	port notifications	•		
For further information	on concerning this ma	tter, please cal	:		
JOSE MONSALVE		_at (305	527-	7068	
(Name of Conta	ct Person)	(Area Co	le) (Day	ytime Telephone Number)	-
Enclosed is a check f	or the following amou	ınt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	16 AUG 31
STREET ADDRESS	S:			ADDRESS:	
Registration Section	ions	_		Section	
Division of Corporation Building	10118		Box 63	Corporations 27	30 30
2661 Executive Cent Tallahassee, FL 323				FL 32314	•

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

	no de la companya de	
1. The name of the "Other Business Entity	"immediately prior to the filing of the ISELITRAINING LLC GOP. PIGE	: Articles of Conversion is:
	of Other Business Entity)	<u></u> ,
2. The "Other Business Entity" is a	ORATION	
(Enter en	ntity type. Example: corporation, limited parral partnership, common law or business trust	
First organized, formed or incorporated unc	der the laws of	
FEBRUARY 2, 2016	(Enter state, or it a non-U.S. el	ntity, the name of the country)
(date of organization, formation or incorporatio	<u></u>	
3. The name of the Florida Limited Liabili SENSEI J. TRAINING LLC	ity Company as set forth in the attache	ed Articles of Organization:
(Enter Name of Florid	la Limited Liability Company)	
4. If not effective on the date of filing, enter (The effective date: 1) cannot be prior to date this document is filed by the Florida date listed in the attached Articles of Organie: If the date inserted in this block does not mendocument's effective date on the Department of States.	o date of receipt or filed date nor more a Department of State; AND 2) must ganization, if an effective date is listered the applicable statutory filing requirements are's records.	t be the same as the effective red therein.) , this date will not be listed as the
5. The plan of conversion has been approve	ed in accordance with all applicable st	atutes.
	Page 1 of 2	SEC.



Signed t	his 19	day of <u>AUGUST</u>	20 16
	1	1	_
			Limited Liability Company:
Signatur Printed N	e of Authori Name: FREDI	zed Representative:	Title: MGR
Signatuı	re(s) on beh	of Other Business Enti	ty: [See below for required signature(s)]
Signature	e:	W.	Title: PRESIDENT
Printed N	Vame: FREDI	EMONSALVE	Title: PRESIDENT
Signatur	e:)	
Printed N	Name:		Title:
Cionatum	0.1		
Printed N	e: Vame:		Title:
Signature Printed N	e:		Title:
rimear	vanie	··	riue.
Signatur	e:	 	Title:
Printed N	Name:		Title:
Signatur	e:		
Printed 1	Name:		Title:
Signatur		ion: n, Vice Chairman, Directors have not been selected,	
	<mark>la General F</mark> e of one Gen	<mark>'artnership or Limited Li</mark> eral Partner.	ability Partnership:
		Partnership or Limited Li eneral Partners.	ability Limited Partnership:
All othe Signatur		rized person.	
Fees:			
I (Articles of C Fees for Flor Certified Co Certificate o	ida Articles of Organizati by:	\$25.00 on: \$125.00 \$30.00 (Optional) \$5.00 (Optional)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DELICATE A N		
ARTICLE I - Name: The name of the Limited Liability Compan	y is:	
SENSEI J. TRAINING 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	he principal office of the Limited L	Liability Company is:
Principal Office Address:	Mailing Address:	
10245 SW 20TH STREET	10245 SW 20TH STREET	
MIRAMAR, FL. 33025	MIRAMAR, FL. 33025	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	the registered agent are:	
FREDDY E. MONSALVE	Name	
10245 SW 20TH STREET		
	(P.O. Box NOT acceptable)	
MIRAMAR	FL 33025	
City	Zip	
Having been named as registered agent a liability company at the place designal registered agent and agree to act in this c statutes relating to the proper and comp accept the obligations of my position of	ted in this certificate, I hereby accep apacity. I further agree to comply v bleteNerformance of my duties, and I	ot the appointment as vith the provisions of all I am familiar with and
Registered Agent's	Senature (REQUIRED)	<u> </u>
(CON	TINUED)	
Pa	ge 1 of 2	30 G

٨	DТ	'IC'	LF	IV.

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

<u>Title:</u>	
$\overline{\text{"AMBR"}} = \text{Authorized Member}$	
"MGR" = Manager	
MGR	FREDDY E MONSALVE
	10245 SW 20TH STREET
	MIRAMAR, FL. 33025

MGR	JOANNA MONSALVE
	10245 SW 20TH STREET
	MIRAMAR, FL. 33025
	
	the date of filing: AUGUST 19, 2016 (OPTIONAL) ust be specific and cannot be more than five business days pr
FICLE V: Effective date, if other than an effective date is listed, the date mur r 90 days after the date of filing.)	eet the applicable statutory filing requirements, this date will not be listed as
FICLE V: Effective date, if other than an effective date is listed, the date mur 90 days after the date of filing.) 1 If the date inserted in this block does not me	eet the applicable statutory filing requirements, this date will not be listed as
TICLE V: Effective date, if other than an effective date is listed, the date mur 90 days after the date of filing.) If the date inserted in this block does not meant's effective date on the Department of States.	eet the applicable statutory filing requirements, this date will not be listed as
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TICLE V: Effective date, if other than an effective date is listed, the date mur 90 days after the date of filing.) If the date inserted in this block does not me iment's effective date on the Department of State TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed in a may aware that any false information of the content of the	the applicable statutory filing requirements, this date will not be listed as ate's records. There or an authorized representative of a member of a m
TICLE V: Effective date, if other than an effective date is listed, the date mur 90 days after the date of filing.) If the date inserted in this block does not me iment's effective date on the Department of State TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed it am aware that any false inficonstitutes a third degree fel.	the applicable statutory filing requirements, this date will not be listed as ate's records. There are an authorized representative of a metroer. The accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.
TICLE V: Effective date, if other than an effective date is listed, the date mur 90 days after the date of filing.) If the date inserted in this block does not me iment's effective date on the Department of State TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed it am aware that any false inficonstitutes a third degree fel.	the applicable statutory filing requirements, this date will not be listed as ate's records. Typed or printed name of signee
TICLE V: Effective date, if other than an effective date is listed, the date mur 90 days after the date of filing.) If the date inserted in this block does not me iment's effective date on the Department of State TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed it am aware that any false inficonstitutes a third degree fel.	the applicable statutory filing requirements, this date will not be listed as ate's records. There or an authorized representative of a member of a m

Page 2 of 2