L16000206945

(Requestor's Name)	
(Address)	800291
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11/07/16-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



800291937058

ii/07/16--01035--021 **180.00



T. BURCH NOV 1 4 2016

COVER LETTER

Division of C	crporations				
SUBJECT: MORE PO	OWER LLC				
SUBJECT:	(Name	of Resulting Florida	Limite	ed Company)	
				nd fees are submitted to convert an "Oraccordance with s. 605.1045, F.S.	ther
Please return all corre	espondence concernin	g this matter to:			
JORGE L MOREJON					
	(Contact Person)		•		
MORE POWER LLC					
	(Firm/Company)				
9343 PLANTATION ES	TATES DRIVE				
	(Address)				
ROYAL PALM BEACH	I, FL 33411				
((City, State and Zip Code)		•		
LMOREJON@MOREPO	OWERLLC.COM				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further information	on concerning this ma	tter, please call:			
JORGE L MOREJON		_at (⁹⁵⁴)818-0	0015	
(Name of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclosed is a check f	or the following amou	nt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAIL	NG A	ADDRESS:	
Registration Section		Registr	ation	Section	
Division of Corporati	ions			Corporations	
Clifton Building	er Circle	P. O. B Tallaha		27 FI 32314	

INHS11 (06/15)

Tallahassee, FL 32301

TO: Registration Section

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 Busine MORE POWER INC	ess Entity" immediately prior to the filing of the Articles	of Conve	ersion	is:
(E	nter Name of Other Business Entity)	et : e.**.	<u></u>	
2. The "Other Business Entity" is	CORPORATION .		¥0.	ž:
2. The Guil Submess Emily is	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		-7	
First organized, formed or incorporate	orated under the laws of FLORIDA	. Actor of	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
on 05/17/2007 (date of organization, formation or i	(Enter state, or if a non-U.S. entity, the na	ame of the c	country) ್ಷ
3. The name of the Florida Limit MORE POWER LLC	ed Liability Company as set forth in the attached Article.	es of Org	;aniza	tion:
(Enter Nan	ne of Florida Limited Liability Company)			
4. If not effective on the date of f	iling, enter the effective date:			
(The effective date: 1) cannot be date this document is filed by the date listed in the attached Artic	te prior to date of receipt or filed date nor more than the Florida Department of State; AND 2) must be the sales of Organization, if an effective date is listed thereis loss not meet the applicable statutory filing requirements, this date were the same of the same of the statutory filing requirements.	ame as tl n.)	he eff	ective
5. The plan of conversion has bee	n approved in accordance with all applicable statutes.			

Page 1 of 2

Signed this 10 day of SEPTEMBE	R 20_16 .	
Signature of Authorized Representativ	e of Limited Liability Company:	
	- Cherra	
Signature of Authorized Representative:		
Printed Name: JORGE L MOREJON	Tule; Mok	
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s)]
Signature: Japan -		
Printed Name: JORGE L MOREJON	Title: PD	
B. + M.	•	
Signature:	min CED	
Printed Name: BEATRIZ MOREJON	Title: STD	
Signatura		
Signature:Printed Name:	Title:	
		
Signature:		
Printed Name:	Title:	
		14 &
Signature:	Title:	一 ここ す
Printed Name:	ride;	
Signature:		To the second second
Printed Name:	Title:	20,000
If Florida Corporation:		0.5 th 14.50
Signature of Chairman, Vice Chairman, Di		
If Directors or Officers have not been selec	cted, an Incorporator must sign.	307 6
If Florida General Partnership or Limit	ed Lightlity Partnership	
Signature of one General Partner.	ed Liability I at the iship.	
<u>If Florida Limited Partnership or Limite</u>	ed Liability Limited Partnership:	
Signatures of ALL General Partners.	•	
All others: Signature of an authorized person.		
Signature of an audiorized person.		
Fees:		
		
Articles of Conversion:	\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa	шу 15.	
MORE POWER LLC		
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
9343 PLANTATION ESTATES DRIVE	9343 PLANTATION ESTATES DRIVE	
DOVAL DALM DEACH EL 22411	BOTTLE BALLADDA CHE DE COME	
ROYAL PALM BEACH, FL 33411	ROYAL PALM BEACH, FL 33411	
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another	
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another of the registered agent are:	15 PO
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another of the registered agent are:	Th MOULT
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another of the registered agent are:	Th MOULT
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o JORGE L MOREJON 9343 PLANTATION EST	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another of the registered agent are: Name	TR 1011 - 7
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o JORGE L MOREJON 9343 PLANTATION EST	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another of the registered agent are:	Th MOULT

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

ARTICLE IV-

, at 4 to 5

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	JORGE L MOREJON		
	9343 PLANTATION ESTATES DRIVE	<u> </u>	
	ROYAL PALM BEACH, FL 33411		
AMBR	BEATRIZ MOREJON		
	9343 PLANTATION ESTATES DRIVI	E	
	ROYAL PALM BEACH, FL 33411		
AMBR		All the state of t	
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		15.	in the state of th
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		3	1 1 1
			i ja saitanija.
		द्धित ज	4, - 952
(Use attachment if necessary)			
• ,			
TICLE V: Effective date, if other than the	date of filing:09/15/2016	(OPTIONAL	L)
an effective date is listed, the date must he representation of the state of filing.) If the date inserted in this block does not meet the ment's effective date on the Department of State's	e applicable statutory filing requirements, thi		
TICLE 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.

JORGE L MOREJON

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)

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