# L100002141049

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SUFFICIENTS OF FILMS

C. GOLDEN NOV 2 9 2016

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 377532 AUTHORIZATION COST LIMIT : ORDER DATE: November 21, 2016 ORDER TIME: 4:0 PM ORDER NO. : 377532-005 CUSTOMER NO: 4612432 DOMESTIC AMENDMENT FILING NAME: CONSTANTINO FAMILY LLC EFFECTIVE DATE:  $\sim$ XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER'S INITIALS:

## **COVER LETTER**

SUBJECT: Constantino Family LLC
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Articles of Domestication of a Non-U.S. Entity and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRANK ( . CONSTANTION) Name of Person
CONSTANTINO FAMILY LLC Firm/Company
60035 SLENNYSLOPE DRIVE Address
NAPLES FL 34119  City/State and Zip Code
fucustantino @ conecast, not
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frank Constantino at 609, 870-0200
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E143 (4/15)

Registration Section Division of Corporations

Clifton Building

STREET/COURIER ADDRESS:

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section Division of Corporations



# FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2016

CORPORATION SERVICE COMPANY

Please give original submission date as file date.

SUBJECT: CONSTANTINO FAMILY LLC

Ref. Number: W16000078597

We have received your document for CONSTANTINO FAMILY LLC and the authorization to debit your account in the amount of \$150.00. However, the document has not been filed and is being returned for the following:

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 216A00025063

16 NOV 28 PH 4: 24

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# 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.

(Ent	er Name of Other Business Entity)
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 incorpor	ated under the laws of New Jersey
on February 10, 2015  (date of organization, formation or inc	
(date of organization, formation or inc	corporation)
<ol><li>The name of the Florida Limited</li></ol>	Liability Company as set forth in the attached Articles of Organization:
<ol><li>The name of the Florida Limited Constantino Family LLC</li></ol>	Liability Company as set forth in the attached Articles of Organization:
Constantino Family LLC	d Liability Company as set forth in the attached Articles of Organization:  of Florida Limited Liability Company)
Constantino Family LLC  (Enter Name  4. If not effective on the date of file	

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

Signed this 23 day of Nown Bell	20 1 b
Signed this day of /v owe / 10 GC	20
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Printed Name: Frank Constantino	
Printed Name: Frank Constantino	Title: Manager
Signature(s) on behalf of Other Business Entity: [5]	See below for required signature(s)]
Signature: Printed Name: Frank Constantino	
Printed Name: Frank Constantino	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Timed Panic.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off Directors or Officers have not been selected, an Inc.	
if Directors of Officers have not been selected, all the	orporator musi sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$20.00 (Ontional)
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					16	1.67	21	?W	2: 4	ļ
The name of the Limited Liability Co	mpany is:									
Constantino Family LLC					•				•	
(Must end with	the words "Limited	Liability Co	mpany, "L.L.C.," or "	LLC.")	-	-				
ARTICLE II - Address: The mailing address and street addres	s of the principal o	ffice of the L	imited Liability Comp	oany is:						
Principal Of	fice Address:		<u>Mai</u>	ling Address:						
6025 Sunnyslope Drive			6025 Sunnyslope D	rive						
Naples, Florida 34119		<del></del>	Naples, Florida 341	19		-				
ARTICLE III - Registered Agent, R (The Limited Liability Company cann another business entity with an active The name and the Florida street addre	oot serve as its own Florida registratio	Registered A	d Agent's Signature: agent, You must desig	nate an individual	or					
Fr	ank Constantino									
4.23	unik Odisamia,o	Name								
<u>60</u>	25 Sunnyslope Dri	ve								
FI	lorida street address	s (P.O. Box I	NOT acceptable)	<del></del>						
Na	aples, Florida 3411	9								
	City	State	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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Frank Constantino 6025 Sunnyslop Drive Naples, Florida 34119  Jill Constantino 6025 Sunnyslop Drive Naples, Florida 34119
6025 Sunnyslop Drive Naples, Florida 34119 Jill Constantino 6025 Sunnyslop Drive
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6025 Sunnyslop Drive Naples, Florida 34119
Naples, Florida 34119
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