# L/600023/302

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

Office Use Only



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12/23/16--01001--026 \*\*185.00

SECRETARY OF SUPPLY OF STATE OF SUPPLY OF SUPP

EFFECTIVE DATE 01/01/17

12/27/16

### **COVER LETTER**

Tallahassee, FL 32314

Division of Co	orporations		
SUBJECT: DEL	FAM FN VE	STORS LL C of Resulting Florida Limite	ed Company)
			nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
MARCIA	NO DELGA	do	
DELFAM I	(Contact Person)  (Firm/Company)	LLC	
2707 (	(Address)	7	
KISSIUM	EE FL City, State and Zip Code)	34746	
MARCIANDA	LOGMAIL used for future annual re		
For further information	on concerning this ma	tter, please call:	
MARCIANT (Name of Contact	DELGA do ct Person)	at ( <u>A 0 7</u> ) 9. (Area Code) (Day	22-95-91 vtime Telephone Number)
Enclosed is a check for	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 Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	<b>5:</b>	MAILING A	ADDRESS:
Registration Section		Registration	
Division of Corporati Clifton Building	ons	Division of C P. O. Box 63	•
			<del></del>

2661 Executive Center Circle

Tallahassee, FL 32301

TO: Registration Section

# **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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Cor DELFAM INVESTORS	iversi	on is:
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)		
First organized, formed or incorporated under the laws of Wyo MING (Enter style, or if a non-U.S. entity, the name of the		•••••
on 8/2016 (Enter state, or if a non-U/S. entity, the name of the (date of organization, formation or incorporation)	ie coun	try)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of O  DELFAM INVISTORS LLC.	rgani	zation:
(Enter Name of Florida Limited Liability Company)		
4. If not effective on the date of filing, enter the effective date: JANUA RY 120/7 (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days date this document is filed by the Florida Department of State; AND 2) must be the same as 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 document's effective date on the Department of State's records.	the e	effective
5. The plan of conversion has been approved in accordance with all applicable statutes.		
Page 1 of 2	2018 DEC	MOUSIAN.

SECRETARY OF STATES

Signed this 15 day of DECEMBER	20_16
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Management Printed Name: MARCIANO DELGADO	Title: AGENT
Signature(s) on behalf of Other Business Entity:	
Signature: Marciano Delgado Printed Name: MARCIANO DELGADO	
Printed Name: MARCIANG DELGA do	Title: MANAGBR
Signature:	
Printed Name:	Title:
Signature: Printed Name:	Title
rimed Name.	_ rue.
Signature:	
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 Inc	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
DELFAM INVESTOR (Must end with the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address: Ma	iling Address:
2707 CARMEL CT 2 KISSIMMER, EL 34746	707 CARMEL CT. 155 MMBE FL 34744
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agent) business entity with an active Florida registration.)	
The name and the Florida street address of the register  MARCIAND DE  Name  2707 CARMEL C  Florida street address (P.O. Box	LGAdo CT.
KISSIMMEE F	
Having been named as registered agent and to acce liability company at the place designated in this registered agent and agree to act in this capacity. I statutes relating to the proper and complete perfor accept the obligations of my position as registere	certificate, I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

DIVISION OF COMPANY

MGR"=Manager MGR.  MARCIAND DELGADD  27.07 CARMEL CT.  KISSIMMB, FL 34746  BYRON DELGADD  27.07 CARMEL CT.  KISSIMMBB, FL 34746	
2707 CARMEL CT. KISSINME, FL 34746	
MGR BYRON DELGADO 2707 CARMEL/CT. KISSIMMER, FL 34746	
MGR BURON DELGADO 2707 CARMEL/CT. KISSIMMER, FL 34746	
KISSIMMER, FL 34746	
K1331MMBP, PP 9-1 1-16	*
(Use attachment if necessary)	
LE V: Effective date, if other than the date of filing: AN. 12017. (OPTIONAL feetive date is listed, the date must be specific and cannot be more than five business	
	be listed
ffective date is listed, the date must be specific and cannot be more than five business days after the date of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be seffective date on the Department of State's records.	be listed
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The name and address of each person authorized to manage and control the Limited Liability

**ARTICLE IV-**

Company: