L17000039802

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(Document Number)
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/17/17

NAME:

MIAMI UNO INC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2017

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: MIAMI UNO LLC Ref. Number: W17000014367

We have received your document for MIAMI UNO 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:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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: 717A00003244

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Articles of Conversion
For

"Other Business Entity"

1011 FEB 17 FM 1:00

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.

MIAMI UNO INC	ity" immediately prior to the filing of the Articles of Conversion is:
(Enter Nan	ne of Other Business Entity) P140056004
2. The "Other Business Entity" is a COP	PORATION
(Enter	r entity type. Example: corporation, limited partnership, eneral partnership, common law or business trust, etc.)
First organized, formed or incorporated u	under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
0,,00,2010	
(date of organization, formation or incorpora	ntion)
	pility Company as set forth in the attached Articles of Organization:
MIAMI UNO LLC	<u>. </u>
(Enter Name of Flo	rida Limited Liability Company)
4. If not effective on the date of filing, e	nter the effective date:
(The effective date: 1) cannot be prior after the date this document is filed by the effective date listed in the attached	to date of receipt or filed date nor more than 90 calendar days the Florida Department of State; AND 2) must be the same as Articles of Organization, if an effective date is listed therein.) meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been appro	oved in accordance with all applicable statutes.
	ty" has agreed to pay any members having appraisal rights the amount to ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 17 day of February	30 17
Signature of Authorized Representative of Link	ed Liability Company:
Signature of Authorized Representative Printed Name: Giulia Iscobelli-Milano	Title: NCORPORATOR
Signature(s) on behalf of Other Business Entity	See below for required signature(s)}
	Title: WCORPORATOR
Signature:	
Printed Name:	Title:
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 Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability 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: Fees for Florida Articles of Organization: Cartified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)
A 41 141 141 141 141 141 141 141 141 141	* *

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		Water In	711 1:00
The name of the Limited Liability Company is	5.	ς1 ₊ τ'	
MIAMI UNO LLC		AND CA	∏1.
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "L.L.C.")		
ARTICLE II - Address: The mailing address and street address of the particle.	principal office of the Limit	ed Liability Con	npany is:
Principal Office Address:	Mailing Address:		
201 S Biscayne Blvd #2807	c/o Italian CPA Firms		
Miami, FL 33131	201 S Biscayne Blvd #2807		
	Miami, FL 33131		
The name and the Florida street address of the Giulia lacobelli-Milano	registered agent are:		
Nam	ne		
201 S Biscayne Blvd #2807			
Florida street address (P.C	O. Box <u>NOT</u> acceptable)		
Miami	FL 33131		
City	Zip		
Having been named as registered agent and liability company at the place designated registered agent and agree is act in his capa statutes relating to the proper and complete accept the obligations of myphibition as references. Regista 4. Agent's Signature and complete registers agent agent agent agent.	in this certificate, I hereby a wity. I further agree to com performance of my duties, a	ecept the appoin ply with the prov and I am familia	tment as isions of all wwith and

	2011 FED 17 F
<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	TALL CONTRACT
"MGR" = Manager	TALL
AMBR	Federico Fanelli
	e/o Italian CPA Firms 201 S Biscayne Blvd #2807
	Miami, FL 33131
AMBR	Marco Rosi
	c/o Italian CPA Firms 201 S Biscayne Blvd #2807
	Miami, FL 33131
	
LE V: Effective date, if other than fective date is listed, the date mu	the date of filing: st be specific and cannot be more than five busin
ffective date is listed, the date mu or 90 calendar days after the dat	ist be specific and cannot be more than five busin e of filing.) It the applicable statutory filing requirements, this date will not
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LE V: Effective date, if other than fective date is listed, the date mu or 90 calendar days after the date he date inserted in this block does not med is effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed in I am aware that any false info	ber or an authorized representative of a member, accordance with section 605.0203 (1) (b). Florida Statutes, rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.
LE V: Effective date, if other than fective date is listed, the date mu or 90 calendar days after the date he date inserted in this block does not med as effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed in I am aware that any false info constitutes a third degree felo	ber or an authorized representative of a member, accordance with section 605.0203 (1) (b). Florida Statutes, rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.

ARTICLE IV-