(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
M17-33	224	
		! !



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05/08/17--01021--001 \*\*66.25

Office Use Only

MAY 0 9 2017

K. Brumbley

Resubmission: W17000032224

April 28, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Filing Articles of Conversion SACRED OASIS, LLC

LZ order # 519865379

Dear Sir or Madam:

Attached for filing please find the Articles of Conversion of the above-referenced corporation. Enclosed, please find a check for \$66.25 for the filing fee and certified copy fee. \*(Please note this is for rejected filing #W17000032224) Please process this application as quickly as possible and send the filed copy to me at the address below:

Legalzoom.com, Inc. 101 N Brand Blvd 11<sup>th</sup> Floor Glendale, CA 91203

If you have any questions, please call me at (800) 773-0888. Thank you for your help in this matter.

Sincerely,

Cheyenne Mosley, LegalZoom.com, Inc. 17 MAY -5 PH 1: 25



April 13, 2017

LEGALZOOM.COM, INC. 101 N. BRAND BLVD., 11TH FLOOR GLENDALE, CA 91203

SUBJECT: SACRED OASIS, LLC Ref. Number: W17000032224

We have received your document for SACRED OASIS, LLC and check(s) totaling \$113.75 of which \$113.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have submitted coversion papers to form and "LLC" and a certified copy. the correct fee for this is \$180.00, Please return documents with an additional check of \$66.25 to add to the money already received.,

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.

Letter Number: 017A00007204

KYLE D BRUMBLEY Regulatory Specialist II

www.sunbiz.org

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: <u>Filing Articles of Conversion</u>
SACRED OASIS, LLC
LZ order # 519865379

Dear Sir or Madam:

Attached for filing please find the Articles of Conversion of the above-referenced corporation. Enclosed, please find a check for \$180.00 for the filing fee and certified copy fee. Please process this application as quickly as possible and send the filed copy to me at the address below:

Legalzoom.com, Inc. 101 N. Brand Blvd 11<sup>th</sup> Floor Glendale, CA 91203

If you have any questions, please call me at (800) 773-0888 x9724. Thank you for your help in this matter.

Sincerely,

Cheyenne Moseley LegalZoom.com

# COVER LETTER

то:	Registration S Division of Co						
SUBJ	ECT: SACRED	OASIS, LLC					
0017.	2011	(Name o	ofRes	ulting Florida I	imite	(Company)	
The e Busin	nclosed Certific ess Entity" into	ate of Conversion, Ar a "Florida Limited Li	ticles abilit	of Organiza y Company	tion, ' in ac	and fees are submitted to convert an "Cocordance with s. 605.1045, F.S.	Other
Please	ereturn all corre	espondence concerning	g this	matter to:			
Chey	enne Moseley						
		(Contact Person)	-				
Legal	Zoom.com, Inc.						
		(Firm/Company)					
101 N	. Brand Blvd 11th	ı Floor					
		(Address)					
Glend	ale, CA 91203						
	((	City, State and Zip Code)					
joyma	r952@gmail.com	-					
E-r	nail Address: (to b	e used for future annual re	port n	otifications)			
Con C	orthon in Commett			-l			
rorit	rmer informatio	on concerning this may					
Chey	enne Moseley		at (	800	773-	0888 x9724 Time Telephone Number)	
	(Name of Conta	ct Person)		(Area Code)	(Day	time Telephone Number)	
Enclo	sed is a check f	or the following amou	.nt:				
(\$25 fc & \$12;	0.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status		180.00 Filing I Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regis Divis Clifto	EET ADDRESS tration Section ion of Corporat in Building Executive Cent	ions		Registra Division P. O. Bo	ition: Fof C οχ 63	Corporations	

INHSH (01/14)

Tallahassee, FL 32301

## Certificate of Conversion

For

# "Other Business Entity"

Into

## Florida Limited Liability Company

This Certificate 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 Business Entity" immediately prior to the filing of this Certificate of Conversion is:  SACRED OASIS, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 09/21/2016 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: SACRED OASIS, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Page 1 of 2

17 MAY -9 AH 8:58

Signed this 4 day of April	20 \ \ \ \ \ .
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: JOYCE G CHAVARRIA	Title: MEMBER
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: JOYCE G CHAVARRIA	
Printed Name: JOYCE G CHAVARRIA	Title: PRESIDENT
Signature: Printed Name:	Title:
Signature:	_ Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Λ	RT	11	$\Gamma$	$\mathbf{F}^{-1}$	ī _ :	Na	me:

The name of the Limited Liability Company is:

### SACRED OASIS, LLC

(Must end with the words "Lunited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<b>Principal</b>	Office Address:

Mailing Address:

952 SW 144TH PLACE

MIAMI, FL 33184

952 SW 144TH PLACE

MIAMI, FL 33184

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

UNITED STATES CORPORATION AGENTS, INC.

Name

13302 WINDING OAK COURT A

Florida street address (P.O. Box NOT acceptable)

TAMPA

FI 3361

City

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..

Registered Agent's Signature (REQUIRED)

CHEYENNE MOSELEY, ASSISTANT SECRETARY, ON BEHALF OF UNITED STATES CORPORATION AGENTS, INC.

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	JOYCE G CHAVARRIA
	952 SW 144TH PLACE
	MIAMI, FL 33184
	<del></del>
	**
<del></del>	
reffective date is listed, the date must	e date of filing: (OPTIONAl be specific and cannot be more than five business d
FICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  FICLE VI: Other provisions, if any.	e date of filing:, (OPTIONA) be specific and cannot be more than five business d
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (constitutes an affirmation under the pendamental am aware that any false information si	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document talties of perjury that the facts stated herein are true, abmitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605,0203 (constitutes an affirmation under the pendam aware that any false information as constitutes a third degree felony as provided.	er or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document salties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State yided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a member (In accordance with section, 605,0203 (constitutes an affirmation under the penam aware that any false information seconstitutes a third degree felony as proven the provision of the penam aware that any false information seconstitutes a third degree felony as provided the penam aware that any false information seconstitutes a third degree felony as provided the penament of the penamen	er or an authorized representative of a member.  1) (b), Florida Statutes, the execution of this document salties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State yided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605,0203 (constitutes an affirmation under the pendiam aware that any false information as constitutes a third degree felony as provided.	er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document talties of perjury that the facts stated herein are true, abmitted in a document to the Department of State

ARTICLE IV-