# L17000142886

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

Office Use Only



400300119084

06/09/17--01032--018 \*\*150.00

17 JUL -3 PM 2:51

A CRUTASY OF STATE
ALL ANASSEE, FLORIDA

or or or

T. BURCH JUL 3 2017

### **COVER LETTER**

TO:	New Filing Se Division of Co				
SURI	ECT:	RAF	EBO 2 LLC		
SUD	EC1	(Name of Res	ulting Florida Limite	ed Com	npany)
					d fees are submitted to convert an "Oth coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this matter to:		
		ANDRES MONROY			
		(Contact Person)			
		MONROY & CO PA			
	-	(Firm/Company)			
	3105	NW 107th AVE SUITE 5	05		
		(Address)	<del></del>		
		DORAL, FL 33172			
	(0	City, State and Zip Code)			•
	ACCOUN	NTING@MONROYCOPA	A.COM		
E-1	nail Address: (to be	e used for future annual rep	port notifications)	•	
For fo	arther information	on concerning this mat	tter, please call:		
	ANDRES M	ONROY	_at (	749-5	5555
	(Name of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New Divis Clifto	EET ADDRESS Filing Section ion of Corporation on Building Executive Center	ions	New Fi Divisio P. O. B	ling S on of C ox 63	Corporations
	e Tallahassee, F		į attalia	3300,	110 02017

32301

#### Burch, Tim

From:

Accounting Monroy Co. PA <accounting@monroycopa.com>

Sent:

Monday, July 03, 2017 1:54 PM

To:

Burch, Tim

Subject:

Request Change

\* <http://www.monroycopa.com/>\*

\*Phone+1 (305) 749 5555 \*

\*FAX: +1 (305) 594 1881\*

South West - Central Florida, United States

\*"Professionals Committed to your success"\*

- \*www.monroycopa.com < http://www.monroycopa.com/>\*
- \* <http://www.facebook.com/monroycopa>
- <a href="http://www.twitter.com/monroycopa">http://www.twitter.com/monroycopa>\*</a>

Good afternoon Mr. Burch

Per our phone conversation earlier today. I am requesting to please make the following change to the principal address and the address of the MGR of Refebo 2 (UG):

#### 19839 SW 59th Street Sulte 101 Mamil J. 35938

Thank you for your help and have a wonderful 4th of July.

- \*Andres Monroy Accounting Dept. \*
  Monroy & Co. PA
- +1 (305) 749 5555 ext. 201

accounting@monroycopa.com

- \*CONFIDENTIAL COMMUNICATION: \* E-mails from this firm normally contain confidential and privileged material, and are for the sole use of the intended recipient. Use or distribution by an unintended recipient is prohibited, and may be a violation of law. If you believe that you received this e-mail in error, please do not read this e-mail or any attached items. Please delete the e-mail and all attachments, including any copies thereof, and inform the sender that you have deleted the e-mail, all attachments and any copies thereof. Thank you.
- \*CIRCULAR 230 NOTICE:\* The federal tax advice in this message is not intended or written to be used, nor may it be used, for the purpose of avoiding federal tax penalties. We understand that you do not intend to use or refer to anything contained in this message to promote, market or recommend any particular entity, investment plan or arrangement.



June 13, 2017

ANDRES MONROY 3105 NW 107TH AVE. STE 505 DORAL, FL 33172

SUBJECT: RAFEBO 2 LLC Ref. Number: W17000049376

We have received your document for RAFEBO 2 LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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: 217A00011891

Tim Burch Regulatory Specialist III

www.sunbiz.org

#### **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.

	"immediately prior to the filing of the Articles of Conversion is: EBO 2 CORP
	of Other Business Entity)
2. The "Other Business Entity" is a	CORPORATION  tity type. Example: corporation, limited partnership,
(Enter en gener	atity type. Example: corporation, limited partnership, al partnership, common law or business trust, etc.)
First organized, formed or incorporated und	
onNOVEMBER 28, 2016	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation	 n)
3. The name of the Florida Limited Liabilit RAFEBO 2 LLC	ty Company as set forth in the attached Articles of Organization:
(Enter Name of Florida	a Limited Liability Company)
4. If not effective on the date of filing, ente	er the effective date:
(The effective date: 1) cannot be prior to after the date this document is filed by th the effective date listed in the attached A	o date of receipt or filed date nor more than 90 calendar days the Florida Department of State; AND 2) must be the same as a price of Organization, if an effective date is listed therein.) but the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approve	ed in accordance with all applicable statutes.
6. The "Converted or Other Business Entity"	has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 25 day of MAY.	_ 20\\rangle7
Signature of Authorized Representative of Limit	ted Diability Company:
Signature of Authorized Representative:	Title:
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature: V Printed Name: RAMIRO BOHORQUEZ	Title: PRESIDENT
Signature: Printed Name:	Title:
Signature:Printed Name:	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.	
<u>Fees:</u>	
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

ARTICLE I - Name: The name of the Limited Liability Company is:			
RAFEBO 2 I	LLC		
(Must contain the words "Limited Liability		L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	rinci <del>p</del> al off	fice of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing	Address:	
13831 SWS9th Street	3105 NV	V 107th AVE	
Ste 101	SUITE 5	505	
Miami F1. 33183	DORAL	, FL 33172	
The name and the Florida street address of the r  MONROY	& CO PA	agent are:	
Name	9		
3105 NW 107th A	VE SUITE	505	
Florida street address (P.O	. Box NO	T acceptable)	
DORAL	FL	33172	
City		Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as registered Agent's Sign	this certifi ity. I furth performand gistered ag	Sicate, I hereby accept the appointment wer agree to comply with the provision ce of my duties, and I am familiar wit went as provided for in Chapter 605, I	nt as ns of all th and

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	RAFEBO INVESTMENT LLC
	138315W 554 Street Ste 101
	miemi F1, 37183
	A Paris de la Carte de la Cart
· · · · · · · · · · · · · · · · · · ·	
	<u>్రామ్</u> ఉ ్
-	
	9::: ··· ( U)
(T	
(Use attachment if necessary)  ICLE V: Effective date, if other than the effective date is listed, the date mus	he date of filing:  t be specific and cannot be more than five business da
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date	of filing.) the applicable statutory filing requirements, this date will not be listed.
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not meet ent's effective date on the Department of State.	of filing.) the applicable statutory filing requirements, this date will not be listed.
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not meet ent's effective date on the Department of State.	of filing.) the applicable statutory filing requirements, this date will not be listed.
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not meet ent's effective date on the Department of State.  ICLE VI: Other provisions, if any.	of filing.) the applicable statutory filing requirements, this date will not be listed.
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not meet ent's effective date on the Department of State.  ICLE VI: Other provisions, if any.	of filing.) the applicable statutory filing requirements, this date will not be listed.
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not meet ent's effective date on the Department of State.  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in a I am aware that any false inform	of filing.) the applicable statutory filing requirements, this date will not be listed.
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not meet ment's effective date on the Department of State.  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in a I am aware that any false inform	er or an authorized representative of a member.  accordance with section 605.0203 (1) (b), Florida Statutes.  nation submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-