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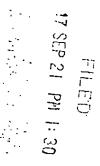
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies
Special Instructions to Filing Officer:

Office Use Only



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T. BURCH SEP 2 2 2017

COVER LETTER

10:	Division of C					
SUBJ	ECT: JEISY AT	UTO SALES CORP				
0000			sulting Florida Limit	ed Con	npany)	
The en	closed Article ess Entity" into	s of Conversion, Artic o a "Florida Limited Li	les of Organization	on, an	nd fees are sub ecordance wit	mitted to convert an "Oth h s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to:			
LEONE	EL PAULINO					
		(Contact Person)				
JEISY A	AUTO SALES					
		(Firm/Company)				
810 E V	VALLACE ST					
		(Address)	•			
ORLAN	NDO, FL 32809					1
	(1	City, State and Zip Code)				
INFO@	JEISYAUTOSA	LES.COM				1
E-m	ail Address: (to b	e used for future annual re	port notifications)			1
For fu	ther informati	on concerning this ma	tter, please call:			
LEONE	EL PAULINO		_at (⁴⁰⁷)203-6	5931	:
	(Name of Conta	ct Person)	(Arca Code)		ytime Telephone	Number)
		or the following amou a bank located in the	•	rocess	sed by this off	ice must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		S185.00 Fili Certified Copy Certificate of S	, and
New F Division Clifton	ET ADDRES iling Section on of Corporat Building Executive Cent	ions	New Fi Divisio P. O. B	ling S n of C ox 632	Corporations	

INHS11 (7/17)

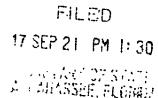
Tallahassee, FL 32301

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: JEISY AUTO SALES LLC Corp. PID - 74517
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORP (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on 97720+7 5 12 232 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JEISY AUTO SALES LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records. 5. The plan of conversion has been approved in accordance with all applicable statutes.

- 5. The plan of conversion has been approved 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 <u>19</u>	_ day of <u>SEPTEMBER</u>	20 <u>17</u> .
Signatu	ire of Author	ized Representative of L	imited Liability Company:
Signatu Printed	re of Authoriz Name: <u>BIENVE</u>	ed Representative:	Title: MGR
Signatu	re(s) on beha	f of Other Business Entit	v: [See below for required signature(s)]
Signatur	re:		Title: MGR
Printed	Name: LEONE	_ PAULINO	Title: MGR
Signatui	re:	Martin Henryung	Tid MCD
Printed	Name: MAKTII	HENRIQUEZ	Title: MGR
Signatur Printed	re: Name:		Title:
Signatur	re:		Tivi
Printed	Name:		Title:
Signatur Printed	re: Name:		Title:
Printed	Name:		Title:
Signatur		on: Note Chairman, Director, Shave not been selected, and	
	da General Pa re of one Gene	artnership or Limited Lia ral Partner.	bility Partnership:
		ertnership or Limited Lia neral Partners.	bility Limited Partnership:
All other	e <u>rs:</u> e of an author	ized person.	
Fees:			
[Articles of Co Fees for Floric Certified Cop Certificate of	da Articles of Organizatio	\$25.00 n: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ame: Limited Liability Co	ompany is:		
S LLC	- i. 41; 1:11; C	WILC Town	Lon
iust contain the words "Li	mited Liability Comp	any, "L.L.C.," or "L	LLC.")
ddress: ess and street addres	ss of the principa	al office of the	Limited Liability Company is:
Address:	Ma	iling Address:	
<u> </u>	810	E WALLACE ST	-
09	OR	LANDO, FL 3280	9
Florida street addre	ess of the registe	ered agent are:	
	Name		
Florida street address (NOT acceptab	ole)
KISSIMMEE			
Ci	ty	Zip	
pany at the place de t and agree to act in ng to the proper and	signated in this c this capacity. I complete perfor	certificate, I hero further agree to mance of my du	eby accept the appointment as comply with the provisions of all ties, and I am familiar with and
	S LLC fust contain the words "Li ddress: ess and street address: Address: T O9 Registered Agent, I Company cannot serve as a active Florida registration Florida street address LEONEL PAULING 2822 CLIPPER COV Florida street ad KISSIMMEE Ci amed as registered as a pany at the place design and agree to act in ag to the proper and	S LLC Iust contain the words "Limited Liability Comp ddress: Ess and street address of the principal street address of the principal street address. Registered Agent, Registered Offic Company cannot serve as its own Registered Agactive Florida registration.) Florida street address of the register LEONEL PAULINO Name 2822 CLIPPER COVE LN Florida street address (P.O. Box KISSIMMEE City Immed as registered agent and to acceptancy at the place designated in this capacity. If and agree to act in this capacity. If and agree to act in this capacity. If and to the proper and complete performance in the proper and complete performance in the complete performance i	Limited Liability Company is: S LLC Just contain the words "Limited Liability Company, "L.L.C.," or "I ddress: Ess and street address of the principal office of the Address: Mailing Address: Mailing Address: ORLANDO, FL 3280 Registered Agent, Registered Office, & Register Company cannot serve as its own Registered Agent. You must design active Florida registration.) Florida street address of the registered agent are: LEONEL PAULINO Name 2822 CLIPPER COVE LN Florida street address (P.O. Box NOT acceptable Street Agent) KISSIMMEE FL 34741

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	LEONEL PAULINO	
	2822 CLIPPER COVE LN	
	KISSIMMEE, FL 34741	
MGR	MARTIN HENRIQUEZ	
	2841 LAZLO LN	
	ORLANDO, FL 32837	
MGR	BIENVENIDO NUNEZ	
	953 W OAK RIDGE RD	
	ORLANDO, FL 32809	
		75.
		20%
		<u> </u>
(Use attachment if necessary)		
(Ose attachment if necessary)		·
LE V: Other provisions, if any.		(A)

REQUIRED SIGNATURE:

A THE

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

LEONEL PAULINO

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)