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	(Requestor's Name)				
	(Requestors Marrie)				
	(Address)	<u>*</u>			
	(Address)				
	(City/State/Zip/Phone #)	· -			
PICK-UF	P WAIT	MAIL			
	(Business Entity Name)	-			
(Document Number)					
Certified Copies	Certificates of S	Status			
Special Instructions to Filing Officer:					
	-				

Office Use Only



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T SCHROEDER

COVER LETTER

TO: New Filing S Division of C				
	•			
SUBJECT: ANGELS		sulting Florida Limit	ed Con	ipany)
		_		d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
RAQUEL B. MOWRER				
	(Contact Person)			
OGC ASSOCIATES OF	RLANDO, CORP.			
	(Firm/Company)			
7065 WESTPOINTE BI	LVD. SUITE 205			
	(Address)			
ORLANDO, FL 32835				
((City, State and Zip Code)			
RAQUEL@OGCORLA	NDO.COM			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
RAQUEL B. MOWRER		at (985-4	404
(Name of Conta	act Person)		(Day	time Telephone Number)
	or the following amou a bank located in the		rocess	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	■\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILI	NG A	DDRESS:
New Filing Section	•	New Fi	_	
Division of Corporat	ions	Divisio	n of C	orporations

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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 ANGELS DISTRIBUTOR, INC. $\frac{14-33}{5}$	s of Conv	ersion	is:
(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 bus	iness tr	ust, etc.
First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the n	name of the	country	<u>-</u> y)
on 09/05/2014 (date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Artic ANGELS DISTRIBUTOR, LLC	les of Or	ganiza	ition:
(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 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 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.	Ĥ.	<u>.</u>	
 The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	I rights th	7 mCT 12 MH 9: 41	unt to

Signed this	10 day of OCTOBER	20 <u>17</u> .
Signature o	of Authorized Representative of Lin	nited Liahility Company:
	f Authorized Representative:	la male
Signature of	f Authorized Representative:	Sarry
Printed Nam	ie; KARINA ALE	Title: BRESIDENT
	\	.)
Signature(s) on behalf of Other Business Entity	See below for required signature(s)
Signature: _	- Canopar	
Printed Nam	ie: KARINA ALE	Title: PRESIDENT
	ie: KARINATALE	-
Signature: _	Court	
Printed Nam	ne: SKY ANGEES DE AV.CIV./KARINA	ALE Title: VICE PRESIDENT
Signature: _	John	NIP POTO I
Printed Nam	ne: EDUARDO LOPEZ MATOS	Title: DIRECTOR
Printed Nam	ie:	Title:
n:		
Signature: _		That
Printed Nam	ie:	Title:
Cimatura		
Drinted Man		Title:
rimico Nan	ic.	True.
If Florida C	Corporation:	
	Chairman, Vice Chairman, Director, o	or Officer
	or Officers have not been selected, an	
	or officers have not been selected, an	meorporator must sign.
If Florida G	General Partnership or Limited Liab	ility Partnership:
	one General Partner.	
J		
If Florida L	Limited Partnership or Limited Liab	ility Limited Partnership:
	of ALL General Partners.	
C		
All others:		
	an authorized person.	
-	·	
Fees:		
Artic	cles of Conversion:	\$25.00
	s for Florida Articles of Organization	
	ified Copy:	\$30.00 (Optional)
	ificate of Status:	\$5.00 (Optional)
Cen	meate of Status.	35.00 (Optional)

17 OCT 12 AH 9: U

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company i	s:	
ANGELS DISTRIBUTOR, LLC		The Comment of Comment of Comment	
	words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the	principal office of the Limited Lia	bility Company is:
Principal Office Address:		Mailing Address:	
2413 COURTOWN CT		2413 COURTOWN CT	
ORLANDO, FL 32824		ORLANDO, FL 32824	
OGC ASSO	<u>CIATES ORLAN</u> Nai		
	POINTE BLVD.		
Florida st	reet address (P.	O. Box <u>NOT</u> acceptable)	
ORLANDO		FL 32835	
	City	Zip	
liability company at the p registered agent and agree to statutes relating to the prop accept the obligations of	lace designated act in this cape er and complete	to accept service of process for the in this certificate, I hereby accept to acity. I further agree to comply with e performance of my duties, and I are gistered agent as provided for in C	he appointment as h the provisions of al m familiar with and

(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		
AMBR	KARINA ALE	
	2413 COURTOWN CT	
	ORLANDO, FL 32824	
AMBR	EDUARDO LOPEZ MATOS	
	2413 COURTOWN CT	
	ORLANDO, FL 32824	
		-
		CI
(Use attachment if necessary)		. – –
FICLE V: Other provisions, if any.		
FIGEL V. Outer provisions, it dify.		$\frac{1}{2}$
		58 5
		18

REQUIRED SIGNATURE

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.

KARINA ALE						
	1/		1			
	ĸ	а	10 1	100, 10	43	

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)