## 617000212968

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

Division of C				
SUBJECT: TOTAL	AVIATION INC.			
SOBJECT:	(Name of Res	alting Florida Limite	d Com	pany)
				d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
XIOMARA POLANCO				
	(Contact Person)			
SANCHEZ VADILLO I	.L.P			
	(Firm/Company)			
11402 NW 41 STREET,	SUITE 202			
	(Address)			
DORAL, FLORIDA 331	78			
(1	City, State and Zip Code)			
XPOLANCO@SVLAW	US.COM			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
XIOMARA POLANCO		at ( <sup>305</sup>	485-9	700
(Name of Conta	ict Person)		(Day	time Telephone Number)
	or the following amou a bank located in the		ocess	ed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRES	S:			ADDRESS:
New Filing Section	lane	New Fil		
Division of Corporat Clifton Building	IUHS	Division of Corporations P. O. Box 6327		
2661 Executive Cent	er Circle			FL 32314

Tallahassee, FL 32301

## Articles of Conversion For "Other Business Entity" Into

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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.

<ol> <li>The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: TOTAL AVIATION INC.</li> </ol>
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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)
08/03/2017 on .
On  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: TOTAL AVIATION 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.

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 5TH day of OCTOBER	_ 20 <u>_17</u>
Signature of Authorized Representative of Limit	ed Liability Company
Signature of Authorized Representative: X Printed Name: MANUEL J VADILLO, ESQ.	Title: INCORPORATOR
Signature(s) on behalf of Other Business Entity: [	
Signature: Printed Name ALAIN J HERNANDEZ	Title: PRESIDENT
Signature:Printed Name:	
Signature:Printed Name:	_ Title:
Signature:	201-16
Printed Name:	title:
Signature: Printed Name:	_ Title:
Sionature:	
Signature:Printed Name:	
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.	tv Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL 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

TOTAL AVIATION LLC	
(Must contain the words "Limited E	dability Company, "L L.C.," or "L.L.C.")
ARTICLE II - Address:	
	he principal office of the Limited Liability Company
The maning address and street address of t	the principal office of the Ellinted Elaonity Company
Principal Office Address:	Mailing Address:
	Stating Tourists
3109 W. HALLANDALE BEACH BLVD.	3109 W. HALLANDALE BEACH BLVD.
SUITE 102	SUITE 102

·	VADILLO, ESQ.	
	Nai	me
1200 BRICK	ELL AVENUE.	SUITE 1480
Florida str	eet address (P.	O. Box NOT acceptable)
MIAMI		FL_33131
	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)

(CONTINUED)

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	ALAIN J HERNANDEZ		_
	7150 LOS PINOS BLVD.		-
	CORAL GABLES, FLORIDA 33143		-
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(Use attachment if necessary)		E F	ت
11 P. M. O. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
TLE V: Other provisions, if any.			
	· · · · · · · · · · · · · · · · · · ·		
REQUIRED SIGNATURE:			
Simplified of a manchas or	an nathorized representative of a mer		-
This ocument is executed in accordance	with section 605.0203 (1) (b), Florida Statutes.	t am aware	that
any false information submitted in a docu as provided for in s.817.155, F.S.	ament to the Department of State constitutes a thi	rd degree fe	dony
ALAIN I HERNANDEZ			
Ту	rped or printed name of signee		-
	Filing Fees		