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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
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: CO Reportion (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
(Contact Person)
CQ henovation) Corp. (Firm/Company)
564 Cody Dr. (Address)
Oconog Park FL 320 73 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (646) 409-1039 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & Status \$125 for Articles of Organization) \$155.00 Filing Fees and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section Division of Compentions
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

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 of Conversion is:
CQ Trenovation) Carp P17-59379
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 7/11/2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CQ Thenarations 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.
17 C

Signed this 3 day of Cotober	2017.	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative:	Title: OWNER	_
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
	(and provided to the second of	
Signature	-	_
Signature: Carlo) Quinche	Title: Ovy (Ye)	_
Signature:		
Printed Name:	Title:	_
Signature:		_
Signature: Printed Name:	Title:	_
Signature:		
Signature:Printed Name:	Title:	_
		_
Signature:		
Printed Name:	Title:	
Signature:		
Signature:	Title	_
	1100.	_
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Dogtoorship.	
Signature of one General Partner.	tv rartitership:	
•		
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:	
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.		
<u> </u>		
Fees:		
	•	· - ·
Articles of Conversion:	\$25.00	_
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy: Certificate of Status:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	• •

'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must contain the words "Limited 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:
Principal Office Address: Mailing Address:
Dronge Park, FL Ornge Fork, FL 32073
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:
Patricia Orojeo Name
Florida street address (P.O. Box <u>NOT</u> acceptable)
Orange Park FL 37.07-3 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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Carlos Quinche 564 Cexty Dr. Gronge Brity FL 32	
(Use attachment if necessary)		
CLE V: Other provisions, if any.		
REQUIRED SIGNATURE:		
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo	
_ Carlos	ped or printed name of signee	
Ту	ped or printed name of signee Filing Fees	
	of Organization and Designation of Registered A	

· · . .

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

. . . .

'ARTICLE IV-

Company: