148000029676

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

Office Use Only



600308447696

02/01/18--01019--013 **150.00

SEGRETARY OF STATE ALLAHASSEE, FLORIDA

: ILED

K. PAGE

COVER LETTER

Division of C	orporations			
SUBJECT: AMAZ	ING PARK INC			
SUBJECT:		ulting Florida Limi	ted Com	npany)
				d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
TIM SUAZO				
	(Contact Person)		-	
USA ACCOUNTING 4	US CORP			
<u> </u>	(Firm/Company)		-	
7951 RIVIERA BLVD -	SUITE 210			
	(Address)		-	
MIRAMAR, FL 33023				
((City, State and Zip Code)		-	
tim_suazo@yahoo.com				
E-mail Address: (to b	e used for future annual re-	port notifications)	_	
For further information	on concerning this ma			
TIM SUAZO		_at (305) 388-7	7028
(Name of Conta	ict Person)	(Area Code) (Day	rtime Telephone Number)
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	.nt: (All checks p United States)	process	sed 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 Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAIL	ING A	ADDRESS:
New Filing Section		New F	_	
Division of Corporat	ions	Divisio P. O. E		Corporations
Clifton Building		r. O. E	JUX UJ.	<i>41</i>

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO: New Filing Section

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: AMAZING PARK INC PY (2008) 4421
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a
	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	10/18/2016
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: AMAZING PARK LLC
	(Enter Name of Florida Limited Liability Company)
(T	If not effective on the date of filing, enter the effective date: O1/26/2018 The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
No	e date this document is filed by the Florida Department of State.) ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 26	day of January	_ 20_18
Signature of Auth	norized Representative of Limi	ted Liability Company:
Signature of Author	orized Representative:	
Printed Name: NEL	SON J DE LA ROSA	Title: MGR
Timed Tumo.		
Signature(s) on be	half of Other Business Entity: [See below for required signature(s)]
Cionatura		
Printed Name:		Title:
rimed Name.		
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		_ ritte;
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
C'		
Signature:		Title:
rimed Name		True.
If Florida Corpora	ati <u>on:</u>	
	nan, Vice Chairman, Director, or	
If Directors or Office	cers have not been selected, an In-	corporator must sign.
16D 11 6		A - D. Amandelia
Signature of one G	l Partnership or Limited Liabili	ty Partnersnip:
Signature of one O	eneral ratther.	
If Florida Limited Signatures of ALL	Partnership or Limited Liabili General Partners.	ty Limited Partnership:
All others:		
Signature of an aut	norized person.	
Fees:		
Articles of	Conversion:	\$25.00
	orida Articles of Organization:	\$125.00
Certified C	•	\$30.00 (Optional)
Certificate		\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
AMAZING PARK LLC	
(Must contain the 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 Liability Company is:
Principal Office Address:	Mailing Address:
7951 RIVIERA BLVD	7951 RIVIERA BLVD
SUITE 210	SUITE 210
MIRAMAR, FL 33023	MIRAMAR, FL 33023
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another the registered agent are:
USA ACCOUNTING	G 4 US CORP
Na	ime
7951 RIVIERA BLVI	o
Florida street address (P	P.O. Box NOT acceptable)
MIRAMAR	FL 33023
City	Zip
Having been named as registered agent and	d to accept service of process for the above stated limit

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 (REQURED)

(CONTINUED)

SECRETARY OF STATE

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	NELSON J DE LA ROSA		
	7951 RIVIERA BLVD - SUITE 210		
	MIRAMAR, FL 33023		
	₩ 0		
	> >		
	AS		
	T (
	Ör		
(Use attachment if necessary)	>		
(000 4			
CLE V: Other provisions, if any.			
The state providence is any			
REQUIRED SIGNATURE:			
REQUIRED SIGNATURE:	\circ \circ \circ		
h.	ebon De La Rosa		
Signature of a mamber	or an authorized representative of a member		
This document is executed in accorda	nce with section 605,0203 (1) (b). Florida Statutes. I am aware that		
any false information submitted in a do	ocument to the Department of State constitutes a third degree felon		
as provided for in s.817.155, F.S.			
	MELSON LDE LA POSA		
	NELSON J DE LA ROSA		
	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)

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

ARTICLE IV-