L18000047526

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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SECRETARY OF 514 H.



D O'KEEFE FEB 2 6 2018

COVER ÉTTER

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-:

TO: New Filing S	ection		
 Division of C 			
SUBJECT: MBASII	LIO LLC		
	(Name of Res	ulting Florida Limited Cor	npany)
		-	nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
YOGANANDA NUNEZ	2		
	(Contact Person)		
FRANCHISE LINK			
	(Firm/Company)		
5920 SMOKEY QUAR	TZ CT		
	(Address)		
HENDERSON ,NV	89011		
(0	City, State and Zip Code)		
chaplain1900@yahoo.co	m		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
		_at ()	ytime Telephone Number)
(Name of Conta	ect Person)	(Area Code) (Day	ytime Telephone Number)
	for the following amou a bank located in the		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 Fees and Certified Copy	□S185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING 2	ADDRESS:
New Filing Section		New Filing S	Section
Division of Corporat Clifton Building	ions	Division of C P. O. Box 63	•
2661 Executive Cent	er Circle	Tallahassee.	

INHS11 (7/17)

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: BASILIO GROUP COMPANY	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a GENERAL PARTNERSHIP (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
(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)	
(Enter state, or if a non-U.S. entity, the name of the country)	
JANUARY 1,2017 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: MBASILIO 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 8TH day of FEBRUARY	20_18			
Signature of Authorized Representative of Limit				
Signature of Authorized Representative: Printed Name: MERRI JOY LUCERO	Tile: MANAGER	_		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)			
Signature: MERRI JOY JUCERO Printed Name MERRI JOY JUCERO	Title: GENERAL PARTNER	- -		
Signature:Printed Name:	Title:	- -		
Signature:Printed Name:				
Signature:Printed Name:				
Signature: Printed Name:				
Signature:				
Printed Name:	Title:	-		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	8 FEB :	}	
All others: Signature of an authorized person.		21 AM R OF S SSEE, FI		
<u>Fees:</u>		8: 28 STÁTE LORIDA	_	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		8	ì

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MBASILIO LLC			
(Mu	ist contain the words "Limited Lia	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	ldress:		
The mailing addres	ss and street address of the	principal office of the Limited Liabi	ility Company
Principal Office A	Address:	Mailing Address:	
5204 FOGGIA AVE.		5920 SMOKEY QUARTZ CT.	
LAS VEGAS NV 891	30-7059	HENDERSON, NV 89011	
ARTICLE III - R (The Limited Liability Co-	egistered Agent, Registe ompany cannot serve as its own Re active Florida registration.)	red Office, & Registered Agent's S	
ARTICLE III - R (The Limited Liability Co-	egistered Agent, Registe	red Office, & Registered Agent's S	
ARTICLE III - R (The Limited Liability Co- business entity with an a	egistered Agent, Registe ompany cannot serve as its own Re active Florida registration.)	red Office, & Registered Agent's S	
ARTICLE III - R (The Limited Liability Co- business entity with an a	egistered Agent, Registe ompany cannot serve as its own Re active Florida registration.) Florida street address of th FRANCHISE LINK LLC	red Office, & Registered Agent's S	d or another I ALL:
ARTICLE III - R (The Limited Liability Co- business entity with an a	egistered Agent, Registe ompany cannot serve as its own Re active Florida registration.) Florida street address of th FRANCHISE LINK LLC	red Office, & Registered Agent's S rgistered Agent. You must designate an individua re registered agent are:	
ARTICLE III - R (The Limited Liability Co- business entity with an a	egistered Agent, Registe ompany cannot serve as its own Re active Florida registration.) Florida street address of th FRANCHISE LINK LLC No. 5128 BIG FOREST LANE	red Office, & Registered Agent's S rgistered Agent. You must designate an individual re registered agent are: une	18 FEB 21 A SECRETARY OF
ARTICLE III - R (The Limited Liability Co- business entity with an a	egistered Agent, Registe ompany cannot serve as its own Re active Florida registration.) Florida street address of th FRANCHISE LINK LLC No. 5128 BIG FOREST LANE	red Office, & Registered Agent's S rgistered Agent. You must designate an individual re registered agent are: une	d or another I 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..

| Chapter 605, F.S. |
|

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all

(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	MERRI JOY LUCERO
	5204 FOGGIA AVE.
	LAS VEGAS, NV89130-7059
MGR	FRANCHISE LINK LLC
	5920 SMOKEY QUARTZ CT
	HENDERSON, NV 89011
	A CO
	ASS
(Use attachment if necessary)	En.
CLE V: Other provisions, if any.	<u> </u>
OTE V. Other provisions, if any.	
<u> </u>	<u> </u>

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.

MERRIJOY B. LUCERO

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)