118000050317

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(Only States Zipir Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1

Office Use Only

N. SAMS FEB 28 2018



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02/07/18--01027--013 **150.00

18 FEB 27 PM 4: 03



February 17, 2018

Nadira D McClees-Sams
Regulatory Specialist II
New Filing Section
Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Ref: Letter Number 718A00002778

18 FEB 27 PM 4: 03
SECRETARY OF STATE

As per your requested letter number 718A00002778, you can find the following documents:

- Annual Report Document 2018 Paid
- Document Signed on Behalf of Other Business Entity.

Sincerely;

Fabio Ramirez

President

10 FE8 27 PH 12: 28

6775 SW 59th CT, DAVIE, FL 33314 Office: 786-970-5147, Fax: 954-674-6324 info@raflogc.com

COVER LETTER

TO:	New Filing S Division of C						
CHD		RAFLO GENERAL O	ONTRACT	ORS,	LLC		
SUB	(Name of Resulting Florida Limited Company)						
						and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.	
Pleas	se return all corr	espondence concernin	g this mat	ter to	:		
FABI	O A. RAMIREZ						
		(Contact Person)			_		
RAFI	LO GENERAL CO	NTRACTORS, LLC					
		(Firm/Company)			_		
6775	SW 59th CT						
		(Address)					
DAV	IE, FL 33314						
	(1	City, State and Zip Code)	-				
fabio(@raflogc.com						
E-	mail Address: (to b	e used for future annual re	port notifica	tions)	,		
For f	urther informati	on concerning this ma	tter, please	e call	:		
FABI	O A. RAMIREZ		at (36	۱ ۶	970-5147	
	(Name of Conta	act Person)		a Cod	<u>/</u> le) (D	Daytime Telephone Number)	
		for the following amou a bank located in the			ргосе	essed by this office must be payable in US	
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.0 and Certif			S \$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STR	EET ADDRES	S:	I	MAI	LING	ADDRESS:	
New Filing Section			New Filing Section				
	sion of Corporat	ions				Corporations	
	on Building Executive Cent	on Cinala			Box 6	5327 • FI 32314	
∠nn I	EXECUTIVE CANI	er i male		12112	naccee	P PI 3/3/4	

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

18 FEB 27 PM 4:
SELANTANSSEE, FLO

The Articles of Conversion and attached Articles of Organization are submitted to convert the folkwing "Other Business Entity" into a Florida Limited Liability Company in accordance with s.695.1045, Florida Statutes.

(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 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)
07-26-07 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
RAFLO GENERAL CONTRACTORS, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 2-17-18
(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 t	his <u>17</u>	day of <u>FEBRUARY</u>	2018
Signatu	re of Autho	orized Representative of Lim	ited Liability Company:
			FA-0 Pm
		ized Representative:	· · · · · · · · · · · · · · · · · · ·
Printed 1	Name: FABIO	O A. RAMIREZ	Title: AGENT
Signatu	re(s) on beh	alf of Other Business Entity:	[See below for required signature(s)]
a.		Fro (> ← \
Signatur	e:) A. RAMIREZ	T: a DDCCIDCATE
Printed I	Name: FABIC	A, KAMIKEZ	Title: PRESIDENT
Signatur	e:		
Printed 1	Vame:		Title:
Signatur	e:		
Printed l	Name:		Title:
Cimoni			
Drinted !	U	· · · · · · · · · · · · · · · · · · ·	Title:
rimedi	Name		
Signatur	e:		
Printed l	Name:		Title:
Signatur	e:		TP', 1
Printed	Name:		Title:
If Floric	ia Corporat	ion:	
		an, Vice Chairman, Director, or	Officer.
_		ers have not been selected, an In	
If Florid	to Conoral i	Partnership or <u>Lim</u> ited <u>Lia</u> bil	ity Partnarchin
		neral Partner.	ty 1 artifetsing.
J			
		<u>Partnership or Limited Liabil</u>	ty Limited Partnership:
Signatur	es of <u>ALL</u> (General Partners.	
All othe	re		
		orized person.	
Signatui	e or an aan.	orized person.	
Fees:			
	Articles of C	Conversion:	\$25.00
		rida Articles of Organization:	\$125.00
	Certified Co	G	\$30.00 (Optional)
	Certificate o		\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAFLO GENERAL CONTRACTORS, LLC (Must contain the words "Limited Liab	oility 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:	
6775 SW 59th CT	6775 SW 59th CT	
DAVIE, FL 33314	DAVIE, FL 33314	
6775 SW 59th CT	gistered Agent. You must designate an ir	
DAVIE	FL 33314	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d in this certificate, I hereby acc pacity. I further agree to comply te performance of my duties, an	ept the appointment as v with the provisions of all d I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

A	R ₁	CT.	<u> </u>		- 11	V.
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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member "MGR" = Manager MGR FABIO A. RAMIREZ 6775 SW 59th CT DAVIE, FL 33314 MGR ALBA I. GUZMAN 6775 SW 59th CT DAVIE, FL 33314 **COMMAN COMMAN COMM	
MGR FABIO A. RAMIREZ 6775 SW 59th CT DAVIE, FL 33314 MGR ALBA I. GUZMAN 6775 SW 59th CT DAVIE, FL 33314 ALBA I. GUZMAN 6775 SW 59th CT DAVIE, FL 33314 CUSE attachment if necessary) ICLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	02
	CO
REQUIRED SIGNATURE:	
7.00	
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 awa	re that
any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.817.155, F.S.	felony

FABIO A. RAMIREZ

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)