

L18000050317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

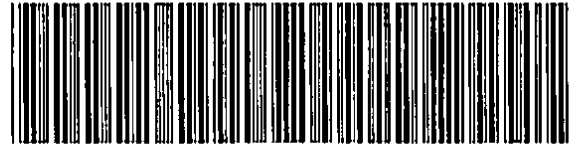
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS
FEB 28 2018



000308573120

02/07/18--01027--018 **150.00

FILED
18 FEB 27 PM 4: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



RAFLO

GENERAL CONTRACTOR CGC1514578
ROOFING CONTRACTOR CCC1329535
PLUMBING CONTRACTOR CFC1428463
HOME INSPECTOR HI 6198

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

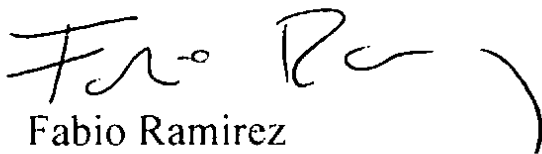
Ref: Letter Number 718A00002778

FILED
18 FEB 27 PM 4: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

RECEIVED
2018 FEB 27 PM 12: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RAFLO GENERAL CONTRACTORS, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

FABIO A. RAMIREZ
(Contact Person)

RAFLO GENERAL CONTRACTORS, LLC
(Firm/Company)

6775 SW 59th CT
(Address)

DAVIE, FL 33314
(City, State and Zip Code)

fabio@raflogc.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

FABIO A. RAMIREZ at (786) 970-5147
(Name of Contact Person) (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 & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
18 FEB 27 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
RAFLO GENERAL CONTRACTORS, INC PO7000085004

(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.)

First organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 07-26-07
(date of organization, formation or incorporation)

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 this 17 day of FEBRUARY 2018.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Fabio Ramirez
Printed Name: FABIO A. RAMIREZ Title: AGENT

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Fabio Ramirez
Printed Name: FABIO A. RAMIREZ Title: PRESIDENT

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$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:

RAFLO GENERAL CONTRACTORS, LLC

(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:

6775 SW 59th CT

6775 SW 59th CT

DAVIE, FL 33314

DAVIE, FL 33314

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:

FABIO A. RAMIREZ

Name

6775 SW 59th CT

Florida street address (P.O. Box **NOT** acceptable)

DAVIE

FL 33314

City

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 FEB 27 PM 4:03

FILED

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

FABIO A. RAMIREZ

6775 SW 59th CT

DAVIE, FL 33314

MGR

ALBA I. GUZMAN

6775 SW 59th CT

DAVIE, FL 33314

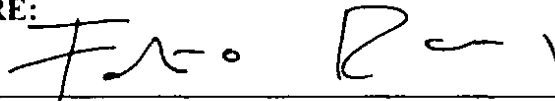
18 FEB 27 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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.

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)