L18000082962

(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:			





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REGALTARY OF STATE

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COVER LETTER

STREET ADDRESS:		MAILING A	DDRESS:
\$150.00 Filing Fees (\$25 for Conversion an	1\$155.00 Filing Fees and Certificate of latus	□\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Enclosed is a check for t dollars and drawn on a b			ed by this office must be payable in US
For further information of Name of Contact P	alaciós	at (239) 3	131-8718 time Telephone Number)
E-mail Address: (to be us	sed for Juture annual rep	UCHOO. C. D. or notifications)	T)
Naples FL	, State and Zip Code)		
5270 (odd	en Gate (Address)	Parkway	Ste 120
MP Accou	Ating Se Firm/Company)	rvices the	
Ullissa 1	Contact Person)		
Please return all correspo	ondence concerning	this matter to:	
		-	I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
SUBJECT: MIC	(Name of Resu	OVICES Limited Com	pany)
Division of Corp	orations	,	i A
TO: New Filing Section			

New Filing Section Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

New Filing Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

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" immediate	
(Enter Name of Other Busin	
2. The "Other Business Entity" is a	partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws	of Flouda (Enter state, or if a non-U.S. entity, the name of the country)
on Gate of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company Lie Company (Enter Name of Florida Limited Liab	
4. If not effective on the date of filing, enter the effective (The effective date: Cannot be prior to date of receipthe date this document is filed by the Florida Depar Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	ot or filed date nor more than 90 calendar days after tment of State.)
5. The plan of conversion has been approved in accordance	ance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed t which such members are entitled under ss. 605.1006 a	

Λ Λ	•			
Signed this 29 day of March	_ 20			
Signature of Authorized Representative of Limi	ted biability Company:			
Signature of Authorized Representative: Printed Name: LICISSA POLACIOS	Tive: Pres.			
Signature(s) on behalf of Other Business Entity: {				
Signature: Marcelino Mireles	_Title:			
Signature:				
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 of the Directors or Officers have not been selected, an Inc.				
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.				
Fces:				
Articles of Conversion:	\$25.00			
Fees for Florida Articles of Organization:	\$125.00			

Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional) 2018 APR -2 AM 9: 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Mireles Service	s LLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1121 11 St SW	
Naples, FL 34117	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the remarks and the Florida street address	lueles R. T.
Florida street address (P.O.	SW Box NOT acceptable)
Naples,	FL 34117

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)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Marcelino Mireles 1121 11 St SW Naples, PL 34117
	TALLAHA
	SSEE, FLORID
(Use attachment if necessary)	₽
ARTICLE V: Other provisions, if any.	
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in \$817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felony

Typed or printed name of signee

Filing Fees

Typed or Printed name of Signee

Filing Fees

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)