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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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04/02/18--01032--027 **185.00

COVER LETTER

Division of Corporations	
SUBJECT: Controlition Has	Hally Group ulting Florida Limited Company)
The enclosed Articles of Conversion, Articl	es of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:
Jason Arroyo (Contact Person) Contradition Haspitality Group (Firm/Company)	
17347 Sw 22 2 ct. (Address)	· · · · · · · · · · · · · · · · · · ·
Miranar, FL 33029 (City, State and Zip Code) Chef jarroto @ gnail. Con E-mail Address: (to be used for future annual rep	
E-mail Address: (to be used for future annual rep For further information concerning this mat	
	at (<u>305</u>) 479 6953 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	nt: (All checks processed by this office must be payable in US United States)
☐ \$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐\$155,00 Filing Fees 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

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: Contradition Hospitality Group Corp
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>S</u> <u>Corporation</u> (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 FLorida
First organized, formed or incorporated under the laws of
on 2/8/18 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Contradition Howifality Grove LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: $\frac{4/1/18}{2}$
(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 fisted as the document's effective date on the Department of State's records.
and the repartment of state steereds.
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.

Fees for Florida Articles of Organization: \$125 Certified Copy: \$30.	0_18	1
Signature(s) on behalf of Other Business Entity: [See business Entity: [See business Entity: [Signature: Printed Name: Title Signature: Printed Name: Title Signature of Chairman, Vice Chairman, Director, or Office If Directors or Officers have not been selected, an Incorpor If Florida General Partnership or Limited Liability Par Signature of one General Partner. If Florida Limited Partnership or Limited Liability Lin Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion: \$25. Fees for Florida Articles of Organization: \$12. Certified Copy: \$30.	Liability Com	 pany:
Signature: Printed Name: Printed Name: Printed Name: Signature: Printed Name: Signature: Printed Name: Printed Name: Signature: Printed Name: Signature Printed Name: Signature Signature Signature of Chairman, Vice Chairman, Director, or Office If Directors or Officers have not been selected, an Incorpor If Florida General Partnership or Limited Liability Par Signature of one General Partner. If Florida Limited Partnership or Limited Liability Lin Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion: Fees: Signature of Organization: S25. Fees for Florida Articles of Organization: S25. S26. S27.	Monoy	er:/offic
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Printed Name:	ide:	
Printed Name:		
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Articles of Conversion: \$25. Fees for Florida Articles of Organization: \$12. Certified Copy: \$30.		
Fees for Florida Articles of Organization: \$125 Certified Copy: \$30.		1.
Solution Status. \$5.0	25.00 125.00 30.00 (Optional) 5.00 (Optional))
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is:

Contradition Plospitality Group 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:
17397 Sw 22nd ct	17397 Sw 22 rd ct
Miroman, FL 33029	Miramor, FL 33029
·	

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:

Jason Amo	OY	
Nai	ne	
17397 Sw 22 C	t.	
Florida street address (P		eptable)
Miraman	FL 3	029
City	7.	ир Д

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)

The name and address of each person Company:	
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Jason Anoyo 17397 Sw 22 1 Ct. Miramar, FL 33029
	Miramor, FL 33029
(Use attachment if necessary)	
	i
TCLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
A	
This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b) Florida Statutes. I am awarent to the Department of State constitutes a third degree
This document is executed in accordance any false information submitted in a document provided for in \$.817.455, F.S. 3800 Accordance	with section 605.0203 (1) (b) Florida Statutes. I am awa nent to the Department of State constitutes a third degree
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This document is executed in accordance any false information submitted in a document as provided for in \$.817.155, F.S. Tason Arroyo Ty	with section 605.0203 (1) (b) Florida Statutes. I am an nent to the Department of State constitutes a third degree ped or printed name of signee Filing Fees f Organization and Designation of Registe