T18000083019

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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18 APR-4 AH SE 22

N CULLIGAN APR 05 2018

COVER LETTER

TO:	New Filing Se Division of Co			
		•		
SUBJ	ECT: Cofra	ncesco Enterprises, Ll		
		(Name of Res	ulting Florida Limited Co	mpany)
			-	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:	
1	Myra Nicholson	1		
	-	(Contact Person)		
	Myra Nicholson	n, PA		
		(Firm/Company)		
	390 North Oran	ge Avenue, Suite 750		
		(Address)		
	Orlando, Florid	la 32801		
		City, State and Zip Code)		
	mnicholson@iaac	com		
E-m		e used for future annual rep	port notifications)	
For fu	rther information	on concerning this mat	ter, please call:	
	Myra Nicholson		at (407) 2	54-1582
	(Name of Contact	ct Person)	(Area Code) (Da	sytime Telephone Number)
		or the following amou a bank located in the l	•	ssed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	□\$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
New F Divisi Clifton 2661 I	ET ADDRESS Filing Section on of Corporati in Building Executive Center assee, FL 3230	ons er Circle	New Filing	Corporations 327



RECEIVED

2018 APR -4 AMII: 18

MVIS.OU OF COMPORATIONS' BUREAU OF COMMERCIAL UNITED VION SERVICES

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2018

MYRA NICHOLSON, PA 390 NORTH ORANGE AVENUE, SUITE 750 ORLANDO, FL 32801

SUBJECT: COFRANCESCO ENTERPRISES, LLC

Ref. Number: W18000025733

We have received your document for COFRANCESCO ENTERPRISES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Correct the spelling of the name in # 1 on the Articles of Conversion

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 318A00005331

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

Articles of Conversion For "Other Business Entity"

FILED 18 APR-4 AH 9: 22 SECRETARY

Into

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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: Cofrancesco Enterprises, Inc.
(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 (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)
11/22/2004 on
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:
Cofrancesco Enterprises, 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.)
<u>Note:</u> 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 7th day of March	
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Edward Cofrancesco	Title: Managing Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: & Cohamodol	
Printed Name: Edward Cofrancesco	Title: President
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Tide
rnnted Name:	
Signature:	m.i
Printed Name:	Intle:
Signature:	m.)
Printed Name:	little:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mt	iterprises, LLC		
•	ast contain the words "Limited Liz	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	ldress:		
		principal office of the Limited Liability Com	pany is:
Principal Office A	Address:	Mailing Address:	
1224 Guernsev	Street	1224 Guernsey Street	
•	2804	Orlando, FL 32804	
(The Limited Liability Cobusiness entity with an	ompany cannot serve as its own Ractive Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	:
(The Limited Liability Cobusiness entity with an	ompany cannot serve as its own B active Florida registration.) Florida street address of t	egistered Agent. You must designate an individual or another	:
(The Limited Liability Cobusiness entity with an	ompany cannot serve as its own F active Florida registration.) Florida street address of t Myra Nicholson	egistered Agent. You must designate an individual or another	:
(The Limited Liability Cobusiness entity with an	ompany cannot serve as its own Factive Florida registration.) Florida street address of t Myra Nicholson N	ne registered agent are:	:
(The Limited Liability Cobusiness entity with an	ompany cannot serve as its own Factive Florida registration.) Florida street address of t Myra Nicholson N 390 North Orange	ne registered agent are:	:
(The Limited Liability Cobusiness entity with an	ompany cannot serve as its own Factive Florida registration.) Florida street address of t Myra Nicholson N 390 North Orange	egistered Agent. You must designate an individual or another ne registered agent are: ame Avenue, Suite 750	:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

as provided for in s.817.155, F.S.

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Edward Cofrancesco 1224 Guernscy Street Orlando, FL 32804	<u> </u>
		<u> </u>
	≱ LL AH	ISECRE
(Use attachment if necessary)	SSC. FLUX	ARY DE STAT
ΓΙCLE V: Other provisions, if any.		
REQUIRED SIGNATURE:		
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	are that

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)