L18000087157

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

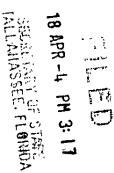
Office Use Only

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2018 APR -4 AM 11: 18

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TYPE IN OF CORPORATIONS SUREAU OF COMMERCIAL UNFORMATION SERVICES

February 13, 2018

ANGEL F. MIRANDA 799 STAR MAGNOLIA DR KISSIMMEE, FL 34744

SUBJECT: AMIRANDA TEK, INC. Ref. Number: W18000014232

We have received your document for AMIRANDA TEK, INC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

"Owner" is not allowed as a title on the Conversion document signature section for On behalf of Other Business Entity.

Please return the corrected original and one copy of 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.

Nadira D McClees-Sams Regulatory Specialist II New Filing Section

Letter Number: 618A00002985

18 APX - 4 PM 3: 1.1

COVER LETTER

TO: New Filing Section Division of Corpor				
SUBJECT: AMIRANDA T	EK, LLC			
SOBJECT.	(Name of Resultin	ng Florida Limited	d Comp	pany)
				I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspon	dence concerning th	is matter to:		
BELISSA GOMEZ				
(Co	ntact Person)			
AMIRANDA TEK, LLC				
(Fir	m/Company)			
799 STAR MAGNOLIA DR				
1	(Address)			
KISSIMMEE, FL 34744				
•	ate and Zip Code)			
amirandatek@gmail.com				
E-mail Address: (to be used	for future annual report	notifications)		
For further information con	ncerning this matter,	please call:		
BELISSA GOMEZ	at	787	209-7	7924
(Name of Contact Pers		\/·	(Dayt	ime Telephone Number)
Enclosed is a check for the dollars and drawn on a ban			ocesse	ed by this office must be payable in US
	Certificate of an	\$180.00 Filing F Id Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILIN	NG A	DDRESS:
New Filing Section		New Fili	_	
Division of Corporations Clifton Building		Division P. O. Bo		orporations
2661 Executive Center Cir	cle			L 32314

Tallahassee, FL 32301

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: AMIRANDA TEK. INC. D1500007613
	(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.)
Fi	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	10/23/2015
Oi	(date of organization, formation or incorporation)
	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	AMIRANDA TEK, LLC
	(Enter Name of Florida Limited Liability Company)
	If not effective on the date of filing, enter the effective date:
th	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 day of	FEBRUARY	20_18			
Signature of Authorized Re					
Signature of Authorized Repr	acametation. M	Yunt 1			
Drinted Names ANGEL E. MIR	esentative:	Tide, CHAIDMAN			
Fillied Name. ANGELT: MINA	шил	Title: CHAIRMAN	_		
Signature(s) on behalf of Oth	er Business Entity:	[See below for required signature(s)]			
Signature: A Mush		(-/)			
Signature: # / Gunt			_		
Printed Name: ANGEL F. MIRA	NDA	Title: CHAIRMAN	_		
Signature:					
Printed Name:		Title:	-		
Timed Name.		True.	_		
Signature:			_		
Printed Name:		Title:	- - :=1		
Ciamatuma				18 APR -4	
Drintad Name:		Title:	- <u>1</u> 20	PR	
rimed Name		I IIIe	- 25	1	15 TW
Signature:					M
Printed Name:		Title:		PX	
C:			FLORBA	<u>ယှ</u> —	Newser'
Drintad Nama:		Title:	- පුි්	فيث	
Fillited Name.		r me:	_ >,		
If Florida Corporation:					
Signature of Chairman, Vice C	hairman, Director, or	Officer.			
If Directors or Officers have no	ot been selected, an In	corporator must sign.			
If Florida General Partnersh	<u>ip or Limited Liabili</u>	ity Partnership:			
Signature of one General Partn	er.				
If Florida Limited Partnersh	n or Limited Liabili	ty Limited Partnershin:			
Signatures of ALL General Par		of someon and and supp			
- -					
All others:					
Signature of an authorized pers	on.				

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
AMIRANDA		
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
2235 MERCARTOR DR	799 STAR MAGNOLIA DR.	
ORLANDO, FL 32807	KISSIMMEE, FL 34744	
Ne 799 STAR MAGNOLIA DR.	. MIRANDA	18 APR -4 PH 3: 17 SELAL PARSEE, FLORIDA
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 comple accept the obligations of my position as Registered Agent's S	d in this certificate, I hereby acce pacity. I further agree to comply the performance of my duties, and	pt the appointment as with the provisions of all I am familiar with and

(CONTINUED)

ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	ANGEL F. MIRANDA
WOR	799 STAR MAGNOLIA DR.
	KISSIMMEE, FL 34744
	RISSINIVILLE, LD 34744
AMBR	BELISSA GOMEZ
	799 STAR MAGNOLIA DR.
	KISSIMMEE, FL 34744
	<u> </u>
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•	N.DA
LE V: Other provisions, if any.	JR i ĐA
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awa
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awa ament to the Department of State constitutes a third degree
REOUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awa ament to the Department of State constitutes a third degree NGEL F. MIRANDA
REOUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awa ament to the Department of State constitutes a third degree