118000089637

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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N. SAMS APR 13 2018



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2018

ALYSHA BONTA 3217 S.W. 3RD ST. DEERFIELD, FL 33442

SUBJECT: ALYSHA BONTA LLC Ref. Number: W18000031937

We have received your document for ALYSHA BONTA 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):

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 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: 618A00006719

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COVER LETTER

TO: New Filing Se Division of Co			
_	IShA Bonta (Name of Resi	TAC alting Florida Limited Com	apany)
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	this matter to:	
	Contact Person) BOATA IN (Firm/Company) U. 3/d S.t. (Address)		
Deerfield "	FL 334 City, State and Zip Code) 62@ Gma: I e used for future annual rep	42	
For further information	on concerning this mat	ter, please call:	
Alysha B (Name of Conta	ct Person)	at (954) 2 (Area Code) (Day	54-0034 time Telephone Number)
	or the following amous a bank located in the U		ed by this office must be payable in US
\$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	S:	MAILING A	DDRESS:

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

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 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

Sia	nuics.	
1.	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:	
	(Enter Name of Other Business Entity) P17000075048	
2.	The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	-
Fir	rst organized, formed or incorporated under the laws of	
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:	
	Alysha Bonta LLC (Enter Name of Florida Limited Liability Company)	
	J (Enter Name of Florida Limited Liability Company)	
4.	If not effective on the date of filing, enter the effective date:	
(T)	the 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.	
	Section 1	

Signed this 27 day of 1 [arcri	_20 <u>(7)</u>
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Aug Printed Name: Augh A Borta	La Bonda Title: <u>Preside</u> At
Signature(s) on behalf of Other Business Entity: [S	
Signature: Sushia buty	
Signature: Sysha buty Printed Name: Hysha buty	Title: Nunagel
Signature:	
Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
1 AMOUT MALEO.	
Signature:	Det 1
Printed Name:	_ 1 itle:
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Continue of Duetes.	Trivo (Opmonia)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alysha Bonta LLO (Must contain the words "Limited Liability Compan	
(Must contain the words "Limited Liability Compan	y, "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: Mail	ng Address:
3217 Sw. 3rd st. 32 Dec(field fl, 33442 De	17 Sw. 3rd St. erfield FL, 33442
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.)	, & Registered Agent's Signature; at. You must designate an individual or another
The name and the Florida street address of the registered	ed agent are:
Alysha Bont Name	A
3217 Sw-3rd Sy Florida street address (P.O. Box N	(<u>OT</u> acceptable)
Decifield FL City	33 44 <u>2</u> Zip
Having been named as registered agent and to accept liability company at the place designated in this ce registered agent and agree to act in this capacity. I fu statutes relating to the proper and complete perform accept the obligations of my position as registered Registered Agent's Signature (rtificate, I hereby accept the appointment as rther agree to comply with the provisions of all ance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager WanageR	Alysha Benta 3217 S.S. 310 St. Deerfield FL, 33442
Use attachment if necessary)	ייי לייי לייי לייי לייי לייי לייי לייי
LE V: Other provisions, if any.	L BI AD
REQUIRED SIGNATURE:	
	cont.
Signature of a member or	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awar
any false information submitted in a docu as provided for in s.817.155, F.S.	iment to the Department of State constitutes a third degree
any false information submitted in a docu as provided for in s.817.155, F.S.	yped or printed name of signee

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

ARTICLE IV-

Company: