L1800/45013

(Requestor's Name)				
(Address)				
(Address)				
(louicoo)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Basiliess Elitity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
;				

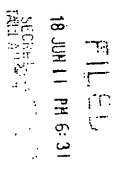
Office Use Only

M. MOON
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06/11/18--01043--032 **185.00



COVER LETTER

TO: New Filing Section
Division of Corporations
SUBJECT: KEGIS GILBERTO, LLC (Name of Resulting Florida Limited Company)
(Country)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045. F.S.
Please return all correspondence concerning this matter to:
ELBERTO R. IZQUIERDO
EGTS GTLBERTO, LLC (Firm/Company)
BOX 565746
$M + AMT \cdot F = 33256$
O Toger of LAW Office. Com E-mail Address (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 171-8797 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & and Certificate of & and Certified Copy & Certified Copy & Certificate of & Status & Certificate of Status

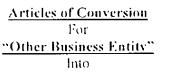
STREET ADDRESS:

of Organization)

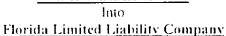
New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

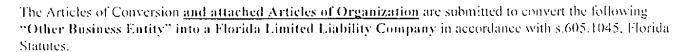
MAILING ADDRESS:

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



18 JUN 1 PM 6:31





٤	19 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: 15 (FILBERTO) I AC. 16 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: 17 (FILBERTO) I AC. 18 (FILBERTO) I AC. 19 (FILBERTO) I AC. 19 (FILBERTO) I AC. 19 (FILBERTO) I AC. 10 (FILBERTO) I AC. 11 (FILBERTO) I AC. 12 (FILBERTO) I AC. 13 (FILBERTO) I AC. 14 (FILBERTO) I AC. 15 (FILBERTO) I AC. 16 (FILBERTO) I AC. 17 (FILBERTO) I AC. 18 (FILBERTO) I AC.			
`	(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 FLORIDA			
(Enter state, or if a non-U.S. entity) the name of the co				
	(date of organization, formation or incorporation)			
RE	3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:			
	(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.

: 54 +			
Signed this $\frac{5+}{100}$ day of $\frac{50}{100}$	NE	20 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature of Authorized Representa	itive of Limit	ed Liability Company:	
Signature of Authorized Representation Printed Name: 6-11-8ERTOR.	Tzguzerox	DTINE: _MANAGER	18 C J
Signature(s) on behalf of Other Busin	ness Entity: [8	See below for required signature(s)	量一
Signature: Printed Name: 6-11-8-8-70 R.	Tzqurer	OFfile: PRESTDENT/DT	RECTOR =
Signature: Printed Name:		Title:	_ <u> </u>
Signature:Printed Name:		Title:	_
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Signature:Printed Name:	•	Title:	- -
Signature: Printed Name:		nta	_
		- Title	_
If Florida Corporation: Signature of Chairman, Vice Chairman If Directors or Officers have not been s			
If Florida General Partnership or Li Signature of one General Partner.	mited Liability	v Partnership:	
If Florida Limited Partnership or Lie Signatures of <u>ALL</u> General Partners.	mited Liability	Limited Partnership:	
All others: Signature of an authorized person.			

<u>Feest</u>

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy: Certificate of Status:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
REGTS GTLBERTO, L. L.C., "or "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: 147 S.W. 104 STREET PO BOX 565746 MEANT, FL 33176 Mailing Address: PO BOX 565746 MIANT, FL 33256
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: GLBERTO R. TZYVERDO Name Name Florida street address (P.O. Box NOT acceptable) MLAME Fig. 33176 City Zip
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 authorized to manage and control the Limited Liabilit Company:		
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MANAGER	GILBERTO R. TZQUIERDO PO BOX 565746 MIAMI, FC 33256	
	18 JUN 1	
(Use attachment if necessary)		
ARTICLE V: Other provisions, if any.		
REQUIRED SIGNATURE:	HP AD	
Signature of a member of This document is executed in accordance	r an authorized representative of a member to with section (02.0203 (1) (b). Florida Statutes, I am aware that	

ARTICLE IV-

as provided for in s.817.155, F.S

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)

any false information submitted in a document to the Department of State constitutes a third degree felony