

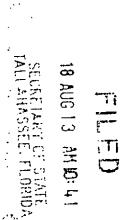
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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07/03/18--01031--018 **35.00 07/30/18--01031--003 **115.00



AUG 1 4 2019 T SCHROEDER

COVER LETTER

TO: New Filing Section Division of Corporations	
2/1/1/20	1.0
SUBJECT: W / On 51	UCT(00 VVC
(Name of Resi	uning Florida Linned Company)
	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:
Nosendo Herceico	
(Contact Person)	
RIME Constaction 11	C.
(Firm/Company)	/ C
2.03 Cosena Plud.	
(Address)	
rock consulte D. 37711	
(City. State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
BINIF Constant Logina Que	1.1000
E-mail Address: (to be used for future annual rep	port notifications)
For further information concerning this mat	ter please call:
Turther information concerning this man	
Assendo fraccia	at $(904) 333 5/03$
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
	nt: (All checks processed by this office must be payable in US
dollars and drawn on a bank located in the l	United States)
\$150.00 Filing Fees	S180.00 Filing Fees S185.00 Filing Fees.
(\$25 for Conversion and Certificate of & \$125 for Articles Status	and Certified Copy Certified Copy, and Certificate of Status
of Organization)	Certificate of States
STREET ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
-cor answers occitor office	· withing of e i i and i (

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: (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 7/03/2018 (date of organization, formation or incorporation)
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.) Note: 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.
FILE AUG 13 AUG

Signed this Wy day of 23	20 <u> </u>			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Rosent Printed Name: Kosendo Ferreira	Title: pre siden 7	_		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]		
Signature: ROSCATO FORME Printed Name: ROSCATO FORME	Title: officer	<u>-</u>		
Signature: ROSCADO Ferreira Printed Name: ROSCADO Ferreira				
Signature: Printed Name:	Title:	<u></u>		
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:	_		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	SEUR	18 AU	, A -J
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	HASSEE	JG 13	
All others: Signature of an authorized person.		OF STATE TLORIDA	AM 10: 4 1	ED)
Fees:	\$	g.e., 🏞		
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

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Limited Liability Company is.		
(Must contain the words "Limited Liability C	Company "L.L.C." or "LLC")	
	ompany. Estates, of tases, y	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited L	Liability Company is:
Principal Office Address:	Mailing Address:	
Jacksprully FL 37211	Same	
		
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)		
The name and the Florida street address of the reg	sistered agent are:	
Kosendo terre	· '//	
1 102110	,	
7103 Custing D Florida street address (P.O. I	lul.	
Florida street address (P.O. I	Box NOT acceptable)	
<u>act sonville</u>	FL . 32211	
City	Zip	
Having been named as registered agent and to a liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regis	his certificate, I hereby accep I further agree to comply v rformance of my duties, and .	ot the appointment as with the provisions of all I am familiar with and
Registered Agent's Signa	ture (REQUIRED)	FIL 18 AUG 13 SEURE IAKY TALL AHASSE
(CONTINU	ED)	

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Rosendo ferreira.
Manager	Rosendo ferreira. 2103 (usery Blud
	Jakronudle, Fl 36711
	
	18 18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	LC AUG
(Use attachment if necessary)	AM 10: 4 OF SIAI E. FLORI
	OR L
CLE V: Other provisions, if any.	10E -
REQUIRED SIGNATURE:	
0 - 11 5 6	
KOSTADFEITE	an authorized representative of a member
Signature of a member or a	an admonaced representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that
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This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that

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

ARTICLE IV-

Company: