L18000196822

(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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N CULLIGAN AUG 1 6 2018

COVER LETTER

TO:	New Filing Se Division of Co				
CHID	DECT. ADA MAF	RINA SERVICES INC			
SUBJ	ECT:	(Name of Resu	lting Florida Limited	Com	pany)
The e	nclosed Articles less Entity" into	of Conversion, Article a "Florida Limited Lia	es of Organization bility Company"	i, and	I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	this matter to:		
Kaila					
		(Contact Person)			
		(Firm/Company)			
8590	barot dr apt 201				
		(Address)			
Nape	ls fl 34104				
	((City, State and Zip Code)			
	oravo@ymail.com				
E-	mail Address: (to b	e used for future annual rep	port notifications)		
For f	urther information	on concerning this mat	ter, please call:		
Kaila	•		at (²³⁹	3159	464 rtime Telephone Number)
	(Name of Conta	ct Person)	(Area Code)	(Day	rtime Telephone Number)
		for the following amou a bank located in the		ocess	sed by this office must be payable in US
(\$25 t & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	☐\$155.00 Filing Fees and Certificate of Status	S180.00 Filing F and Certified Copy		☐\$185.00 Fiting Fees, Certified Copy, and Certificate of Status
	EET ADDRES	S:		_	ADDRESS:
	Filing Section sion of Corporat	ions	New Fil Division	_	Section Corporations
	on Building		P. O. Bo		-
	Executive Cent	ter Circle	Tallahas	see,	FL 32314

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

uly **24**, 2018

ADA MARINA SERVICES LLC 8590 BAROT DR APT 201 NAPLES, FL 34104

\$UBJEÇT: ADA MARINA SERVICES LLC

Ref. Number: W18000067207

We have received your document for ADA MARINA SERVICES LLC and your dheck(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 \$1005.0212(9) & \$.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.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the dertificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by all of the general partnership, the certificate of conversion must be signed by all of the general partnership. If the converting entity is another type of business entity, an authorized derson must sign the certificate of conversion.

he registered agent must sign accepting the designation.

Print the Registered Agents name it is not legible.

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

lyou have any questions concerning the filing of your document, please cair (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 518A00D15167

FILED

Articles of Conversion

2018 AUG 16 PM 3: 29

For

SECRETARY OF STATE TALLAHASSEE, FLORIDA

"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 Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ADA MARINA SERVICES INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
12-07-2017 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:
ADA MARINA SERVICE 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.) 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.

Aug 16 18, 02:44p	VAVA CLINIC		2393318564	1	p.3
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Signed this 07	day of <u>16</u>				
1 1		1.17.7.1		!	
Signature of Auti	horized Representative of L	imited Lizability		į	
		1 11/1/2012	pany:	i į	
Printed Name: Juan	Prized Representative:				
l		Prile: president		1	
Signature(s) on be	half of Other Business Entire	" ISaa halaa c		i i	
5.	A	See below for requ	ired signature(s)]	4	
Signature: Printed Name:	2 //				
Timedinare:	Juan Winez R.	تَسَلِحَ itle: <u>Outhe</u> c			
Signature	_				
Printed Name:		Title:			
Signature					
Printed Name:			·	ŧ	·
		Title:		;	
Signature				[
Printed Name: 1		Title:		:	į į
6.		1: 11			!
Printed Name:		Tial			!
,		Ille:	 		
Signature:					
rimed ivalle.		Title:		·	
If Florida Corporat	ion:				
Signature of Chairma	in, Vice Chairman, Director, o	r Officer.		' į	
Directors of Office	rs have not been selected, an I	ncorporator must sign	:		
If Florida General P	artnership or Limited 1999				
Signature of one Gen	era! Partner.	nty Partnership:			
I :					
Signatures of ALL G	artnership or Limited Liabil	ity Limited Partnersh	[] p:	<u> </u>	
	cheral ranners.		T	į Į	
All others:				. !	
Signature of an author	rized person:				
Fees:					
				<u> </u>	
Articles of Co	nversion:	\$25.00		1 1	
Feet for Florid	da Articles of Organization:	\$125.00		1	
Certified Cop.	V;	\$30.00 (Optional)		; }	
Certificate of	otatus;	\$5.00 (Optional)	1		
:			1 1	. 1	i l

Aug 16 18, 02:44p VAVA CLINIC	2393318564	p.4
		COMPANY
ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY	CUMPANY
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
ADA MARINA SERVICE LLC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Must contain the words "Limited Liability C	ompan J. L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the prin	cipal pifice of the Limited Liabili	ty Company is:
The thursday bear so and the same of the s		
Principal Office Address:	Mailing Address:	
T	8590 Barot dr apt 201	
5711 nw 111st Hialean FI 33012	Naples fl 34104	-
	111	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Sig	gnature:
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ee Agend You must designate an incividual	or another
		1 3
The name and the Florida street address of the re	gistered agent are:	SECOND
Span Non	2711 Descles	2018 AUG 16 SECRETARY FALLAHASS
Name		IAS I
		3 1 1
5711 NW 1115		무 공
Florida street address (P.O.	Box NOT acceptable)	ي ي
Hialeah	FL 33012	29 RID
City	Zip	F. G
Having been named as registered agent and to	accept service of process for the a	hove stated limited
liability company at the place designated in	this certificate, I hereby accept the	r appointment as the provisions of all
registered agent and agree to act in this capaci statutes relating to the proper and complete p	e-formance of my duties, and I am	familiar with and
accept the obligations of my position of reg	ivered agent as provided for in Cl	upter 605, F.S
	4 111	
	<u> </u>	
- 2/2/3/3/5	(AEOLUBED)	
Registered Agent's Sign	attre (REQUIRED)	
(CONTIN	(Ep)	
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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
<u> </u>	
	
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(Use attachment if necessary)	EE. OF
	7.5
CLE V: Other provisions, if any.	OF STAIL
	-
REQUIRED SIGNATURE:	0 10
Joan Plamon	Nonez Rosales
Signature of a member of	r an authorized representative of a member
any false information submitted in a doc	ce with section 605.0203 (1) (b), Florida Statutes. I am awar urnent to the Department of State constitutes a third degree
as provided for in s.817.155, F.S.	
	yped or printed name of signee
-	Filing Fees of Organization and Designation of Registered

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

ARTICLE IV-