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(Requestor's Name)	
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(City/State/Zip/Phone #)	
(Business Entity Name)	-
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Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	

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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:

Marlene Zapata
(Contact Person)
Gar Law
(Firm/Company)
999 Ponce de Leon BIVA, #1135
(Address)
City, State and Zip Code)
(City, State and Zip Code)
house FQ adol. 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) 461-4880 (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)

Image: CAL \$150.00 Filing Fees(\$25 for Conversion& \$125 for Articlesof Organization)

Status

\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

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

Articles of Conversion For <u>"Other Business Entity"</u> 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)
2. The "Other Business Entity" is a Limited Liability Coupony (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of $\underline{Delaware}_{(Enter state, or if a non-U.S. entity, the name of the country)}$
on <u>1-26-2016</u> (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Lua O2. 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.



Signed this 13 day of AUQUST	_20_18	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: Printed Name: Elnesto Neutren	Title: Hgr	ans
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)	l
Signature: <u>EINSTO</u> Naivico Printed Name:		
Signature: Printed Name:		_
Signature: Printed Name:	Title:	<u></u>
Signature: Printed Name:	Title;	
Signature: Printed Name:		_
Signature: Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
<u>All others:</u> Signature of an authorized person.		
Fces:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FILED 18 AUG 17 AMII SECRETARY OF ST TALLAHASSEE, FLO
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lva02, LLC

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:	Mailing Address:
973 SW 149 CH	973 SW 149 Ct.
Hiami FL 33194	Miami FL 33194
	······································

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:

Fabian Generoso 973 SW 149 CH. Florida street address (P.O. Box <u>NOT</u> acceptable) Miami FL 33194 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) AUG 17 AM 11 FILED

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager H.G.f.	Name and Address: Einesto Naimar 973 SW 149 Ct. Miami FL 33194)		
<u> </u>				
		IALL AHA	18 AUG	-7
(Use attachment if necessary)		SSEE	17	
ARTICLE V: Other provisions, if any.		ORID	AM 11: 2	<u> </u>
		<u></u>		
<u>REQUIRED</u> SIGNATURE:	- Arean			
This document is executed in accordance wi	authorized representative of a mer ith section 605.0203 (1) (b), Florida Statutes. at to the Department of State constitutes a thir	I am aware that	y	
Ernesto Naim	an			
Туре	d or printed name of signee			
\$125.00 Filing Fee for Articles of (<u>Filing Fees</u> Organization and Designation of Re	wistered Au	ent	
\$ 30.00 Certified Copy (Optional)		is (Optional)	

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