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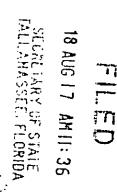
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
. (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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AUG 2 0 2019 T SCHROEDER

COVER LETTER

TO: New Filing S Division of C			
SUBJECT:	lastilO1, LIC		
	(Name of Res	sulting Florida Limited Con	npany)
		_	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
Harlene Z	Contact Person)		
	(Contact Person)		
Gar La	(Firm/Company)		
	(Firm/Company)		
<u>999 Pon</u>	ce de Leon B (Address)	Nd #1135	•
Coral Go	ables, FL 35 City, State and Zip Code)	3134	
- house fga	e used for future annual re	port notifications)	
E-man Address. (10 0	e used for future aliman rep	port notifications)	
	on concerning this mat	• •	
Warlene Zu	apata	at (305) 46 (Area Code) (Day	1-4880
(Name of Conta	ct Person)	(Area Code) (Day	time Telephone Number)
	or the following amou a bank located in the l	-	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 New Filing Section	S:	MAILING A New Filing So	
Division of Corporations		Division of Corporations	

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

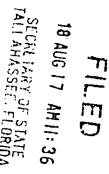
Florida Limited Liability Company

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: Mastil OL, Lic
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership common law or business trust, etc.)
First organized, formed or incorporated under the laws of <u>Delawae</u> (Enter state, or if a non-U.S. entity, the name of the country)
on Q-25-2013 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Mastilot, 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 8th day of August	20_18
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: Elocsto Near way	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Printed Name: EINESTO Nation	Title: HGR
Signature:Printed Name:	_Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	_Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C If Directors 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.	Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

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

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

18 AUG 17 AMII: 36

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Hastilol, 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 Ct. 973 SW 149 Ct Hiami FL 33194 Hiami FL 37194
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 Name
Name
973 SW 149 Ct.
Florida street address (P.O. Box NOT acceptable)
Miami FL 33194 City Zip
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
See !
Registered Agent's Signature (REQUIRED)
CONTINUED) TO AUG 17 AM SECRETARY OF STATE (CONTINUED)
FIGRIDA TO

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager HGR (Use attachment if necessary) ARTICLE V: Other provisions, if any. REQUIRED SIGNATURE Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony

ARTICLE IV-

as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee