1180000212541

(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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SECRETANY OF STAIR FALLAHASSET, FLORIDA

9 SEP - 7 AM 9: 5

SEP 1 0 2018 T SCHROEDER

COVER LETTER

Division of C	orporations			
SUBJECT:	LKG A	UTO SALES, LLC		
300,17,617	(Name of Res	sulting Florida Limite	ed Com	apany)
The enclosed Article Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organizationability Company	on, an " in ac	d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
J	ULIO C MOLINA			
-	(Contact Person)			
J (MOLINA & ASSOC			
	(Firm/Company)			
826	0 W FLAGLER STREET	STE 2-C		
	(Address)	·····		
N	11AMI, FL. 33144			
	City, State and Zip Code)			
JUI	.IOMG@BELLSOUTH.N	ET		
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
JULIO C MOLINA		_at (559.9	070
(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the		rocess	sed 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 and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILI	NG A	DDRESS:
New Filing Section	,	New Fil	_	
Division of Corporat Clifton Building	ions	Divisioi P. O. Be		orporations 27
2661 Executive Cent	er Circle			FL 32314

Tallahassee, FL 32301

TO: New Filing Section

Articles of Conversion For

"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 Art LKG AUTO SALES, INC.	icles of Conversion is:
(Enter Name of Other Business Entity)	,
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, con	mon law or business trust, etc.)
First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity)	
(Enter state, or if a non-U.S. entity,	the name of the country)
01/17/2014 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached A	rticles of Organization:
LKG AUTO SALES, 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 that 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 document's effective date on the Department of State's records. 5. The plan of conversion has been approved in accordance with all applicable statute.	date will not be listed as the
6. The "Converted or Other Business Entity" has agreed to pay any members having app	

Signed this 21	day of <u>AUGUST</u>	20_18
Signature of Auth	norized Representative of	Limited Liability Company:
Signature of Author Printed Name: MIR	orized Representative:	WLUA (JUL) Tile: GENERAL PARTNER
		ity: See below for required signature(s)
Signature: M	VILLA JULA)
Printed Name: MIR	EYA AVILES	Title: PRESIDENT
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:	·	
Printed Name:		Title:
Signature:		
Printed Name:		Title:
	ation: nan, Vice Chairman, Directo cers have not been selected,	
If Florida General Signature of one G	<u>l Partnership or Limited L</u> eneral Partner.	iability Partnership:
If Florida Limited Signatures of ALL.		ability Limited Partnership:
All others: Signature of an aut	horized person.	

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy:

\$125.00

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

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	TO SALES, LLC
(Must contain the words "Limi	ted 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:
9240 NW 7TH STREET	9240 NW 7TH STREET
MIAMI, FL. 33150	MIAMI, FL. 33150
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street addres.	of the registered agent are:
JUI.	IO C MOLINA
	Name
8260 W F	LAGLER STREET STE 2-C
Florida street addı	ess (P.O. Box <u>NOT</u> acceptable)
MIAM	FL 33144
City	Zip
liability company at the place designed registered agent and agree to act in the statutes relating to the proper and confidence accept the obligations of my positions. [Additional content of the proper and confidence o	ent and to accept service of process for the above stated limited gnated in this certificate. I hereby accept the appointment as its capacity. I further agree to comply with the provisions of a complete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 605, F.S., int s Signature (REQUIRED)

A	R	T	Ь	C1	Æ	IV	_

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	MIREYA AVILES	
	9240 NW 7TH STREET	
	MIAMI, FL. 33150	
AMBR	GUSTAVO AVILES	
	9240 NW 7TH STREET	
	MIAMI, FL. 33150	
		<u> </u>
		— —
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		- 'S
(Use attachment if necessary)		
71 F 11 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		٠,
CLE V: Other provisions, if any.		
		
REQUIRED SIGNATURE:		
REQUIRED SIGNATORE:	1 1 -0 -	
An action	1 1 1/1 2	

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

MIREYA AVILES
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)