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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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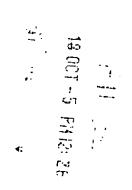
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COVER LETTER

TO: New Filing Division of	Section Corporations					
SUBJECT. ALL ST	TARS EXOTIC RENTALS	LLC				
SUBJECT:		sulting Florida Lin	ited Con	ipany)	-	
				d fees are submitted to occordance with s. 605.10		
Please return all co	rrespondence concernin	g this matter to				
GRETEL D CARVA	IAL					
	(Contact Person)					
ALL STARS EXOTION	RENTALS LLC					
	(Firm/Company)					
10145 NW 9TH ST (CIR APT 307					
	(Address)		_			
MIAMI, FL 33172						
	(City, State and Zip Code)		_			
onestopservices@us	sa.com					
E-mail Address: (to	be used for future annual re	port notifications)	_			
For further informa	ition concerning this ma	tter, please call	<u>.</u>			
GRETEL D CARVA	JAL	_at (, 342-4	1 797		
(Name of Co	ntact Person)	at (at Cod) e) (Day	time Telephone Number)	=	
	t for the following amount to the following amount to the		process	sed by this office must b	e payabl	e in US
■ \$150.00 Filing Fee: (\$25 for Conversion & \$125 for Articles of Organization)	_	□\$180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRE New Filing Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle	New Divis P. O.	Filing S ion of C Box 631	Corporations	70	18 CCT - 5 PH 2:

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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ALL STARS EXOTIC RENTALS CORP OSCILLATION
(Enter Name of Other Business Entity)
CORPORATION
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of [Enter state, or if a non-U.S. entity, the name of the country)
08/14/2014 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:
ALL STARS EXOTIC RENTALS 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 28 day of AUGUST	20 18	
Signature of Authorized Representative of Lin	nited Linbiltty Company	
Signature of Authorized Representative: Printed Name: GRETEL D CARVAJAL	Title: MGR	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	-
Signature:		
Printed Name: GRETEL O CANVAS	ACTITLE: MER	- -
Signature:Printed Name:		
rimed Name:	Title:	· •
Signature: Printed Name:		
Trined rame.	Title:	
Signature:Printed Name:		
The fall of the fa	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or if Directors or Officers have not been selected, an In	Officer.	
	-	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	tv Limited Partnership:	· · · · · · · · · · · · · · · · · · ·
All others: Signature of an authorized person.		
Fees:		PH 12: 26
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	€ 7°
	* * *	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	mpany is:
ALL STARS EXOTIC RENTALS LLC	
(Must contain the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addres Principal Office Address:	بيور. s of the principal office of the Limited Liability Company is: Mailing Address:
101 17 1111 0 777 00	10145 NW 9TH ST APT 307
10145 NW 9TH ST APT 307 MIAMI, FL 33172	MIAMI, FL 33172

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration)

VELAZQUI	SZ & PEKEZ PER	CEZ LAW FIRM, PLLC
	Na	me
782 NW 42n	nd AVE STE 431	
Florida st	reet address (P	2.0. Box NOT acceptable)
Мамі		FL 33126
<u>-</u>	City	ر . Zip

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another

Having heen 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)

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ARTICLE IV-

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

<u>ss:</u>	Name and Address:	
	GRETEL D CARVAJAL 10145 NW 9TH ST APT MIAMI, FL 33172	R" = Authorized Member " = Manager
	NELSON MENDEZ 12203 SW 27 ST	
	MIAMI, FL 33175	
700		
-: 8		
		
ਦ		attachment if necessary)
		: Other provisions, if any.
		: Other provisions, if any. UIRED 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 as provided for in s.817.155, F.S.

GRETEL D CARVAJAL

Typed or printed name of signee

Filing Fees

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