# 1800215540

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF SIMIL

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# **COVER LETTER**

TO: New Filing Sec Division of Cor				
SUBJECT:	Santa (	AVZ BUSI	ness, LJe	<del>-</del>
The enclosed Articles of Business Entity" into a				
Please return all corres	pondence concerning	this matter to:		
Senta 1740 Florid rebolti	(Address)  (Address)  (A City F  ty, State and Zip Code)  (Address)  (A City F  (Address)	·		
Name of Contact	(Person)	at ( <u>305</u> ) 95 (Area Code) (Days	12 - 8400 time Telephone Number)	<del></del>
Enclosed is a check for dollars and drawn on a			ed by this office mus	st be payable in US
(\$25 for Conversion	□\$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	in the contract of the contrac
STREET ADDRESS: New Filing Section Division of Corporatio Clifton Building		MAILING A New Filing Se Division of Ce P. O. Box 632	ection orporations	SECRETAI TALLAHAS

Tallahassee, FL 32314

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:  Sanda Cluz A/C Plengleation, Dorp.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 00/23 10 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Santa Ceuz Business LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 10 11 10.  (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.
FILED SECRETARY OF SIGNLLAHASSEE, FLO

Signed this 11 day of Octobee	20_18
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name:	Title:
Signature(s) on behalf of Other Business Entity: [	
Signature: Printed Name: Jose Johne Case	Title: USE
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ry Limited Partnership:
All others: Signature of an authorized person.	Mark to
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
SANTA CRUZ BUSINESS. LLC  (Must contain the words "Limited Liability Company, "L.I.C.," or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
Floriba city, F1 33034 Floriba city, F1 33034
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:
Rebolta Coepoeation, Inc
Florida street address (P.O. Box NOT acceptable)
Homestead FL 2000 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
Registered Agent's Signature (REQUIRED)  (CONTINUED)  Registered Agent's Signature (REQUIRED)  (CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	(006-01
MGR	DUD III) 3th Less #200
	140 NW 345 FERE #204 Flours city, Fl 33034
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
DEQUIDED SIGNATURE.	gutieviez
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awar
Signature of a member of This document is executed in accordance any false information submitted in a document is executed in a document is executed in accordance any false information submitted in a document is executed in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance and the submitted in accordance and the submitted in accordance any false information submitted in accordance and submitted in acco	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am award ument to the Department of State constitutes a third degree
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Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.  T:  S125.00 Filing Fee for Articles	ran authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am awardment to the Department of State constitutes a third degree speed or printed name of signee  Filing Fees of Organization and Designation of Registered