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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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SECRETARY OF STATE TALLAHASSEF, TUDOTO FILED

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: 1 Basic Proce	es Inc
	sulting Florida Limited Company)
	cles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter to:
LUIS Crespo (Contact Person) 1 Basic Process (Firm/Company)	
(Contact Person)	
1 Basic Process	
(Firm/Company)	
16320 Padcack Ln (Address)	
(Address)	
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Ort Landerble FL. 3332	E A TI
(City. State and Zip Code) Entersup eg mai E-mail Address: (to be used for future annual re	
entersupe a mai	1. Com
E-man Address, (to be used for future annual re	eport notifications)
For further information concerning this ma	atter, please call:
Luis Crespo	eport notifications) atter, please call: $at (\frac{787}{\text{(Area Code)}}) \frac{409-9288}{\text{(Daytime Telephone Number)}}$
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	unt: (All checks processed by this office must be payable in US United States)
\$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:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

P17000077097

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporaction</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et
First organized, formed or incorporated under the laws of Flovida (Enter state, or if a non-U.S. entity, the name of the country)
on Sept 21, 2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 5, 2017. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the effective date.
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.

TALL AM 1:54

SECREDARY OF STATE
ALL AHASSEE, FLORIDA

Signed this 10 day of December 20 18
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: 15, Printed Name: Luis Crespo Title: Resident. + Treasurer.
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Asig B. Cressel Printed Name: Boatn'z Crosso Title: President
Signature: Hamberto Crego Title: - Secretary
,
Signature: Title: Treasoner Printed Name: LUIS CNESPO Title: Treasoner
<i>,</i>
Signature: Title:
Signature: Title:
Signature:
Signature: Printed Name: Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others:
Fees:
Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00
Certified Copy: \$30.00 (Optional) Certificate of Status: \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	AR	Т	CI	Æ	I -	N	am	e:
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The name of the Limited Liability Company is:

1 Basic Process, 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:
16320 Paddock Ln	16 320 Paddock Lx
Fort Lauderdale	Fort Laudardale
FL. 33326	FL. 33326

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:

Humberto Crespo

Name

16300 Padback In Fort Laudenda (e

Florida street address (P.O. Box NOT acceptable)

Fort Laudenda (e FL 33326

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)

FILED

18 DEC IN AM 1: 54

SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR + MGR	LUIS Crespo 16320 Paddoch Ln Fort Lauderdale FL-33326
in a second of the second of t	*** <u>**********************************</u>
(Use attachment if necessary)	FIEL TIL
ARTICLE V: Other provisions, if any.	
	35 y
REQUIRED SIGNATURE:	
This document is executed in accordance w	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ent to the Department of State constitutes a third degree felony
Luis	ed or printed name of signee
Type	ed or printed name of signee

Filing Fees

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

ARTICLE IV-

Company: