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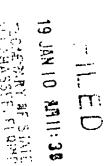
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SUBJ	ECT: MARIA	/ICTORIA CAZENAVE.	LLC	
50.50			ulting Florida Limited Co	ompany)
				and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:	
MARI.	A VICTORIA CA	ZENAVE		
		(Contact Person)		
MARI	A VICTORIA CA	ZENAVE P.A		
		(Firm/Company)		
10845	SW 132 CIRCLE	СТ		
		(Address)		
Miami	FL 33186			
	((City, State and Zip Code)		
victoria	a.cazenave@gmail	.com		
E-n	nail Address: (to b	e used for future annual re	port notifications)	
For fu	rther information	on concerning this mat	tter, please call:	
MARI	A VICTORIA CA	ZENAVE	at (305) 50	02-0265
	(Name of Conta	ct Person)		aytime Telephone Number)
		or the following amou a bank located in the		ssed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	□\$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
New F Divisi Clifton	ET ADDRESS Filing Section on of Corporati Building Executive Center	ons	New Filing	Corporations 327

Tallahassee, FL 32301



January 8, 2019

MARIA VICTORIA CAZENAVE 10845 SW 132 CIRCLE CT MIAMI, FL 33186

SUBJECT: MARIA VICTORIA CAZENAVE, LLC

Ref. Number: W19000001740

We have received your document for MARIA VICTORIA CAZENAVE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 819A00000469

www.sunbiz.org

District of Court attings B.O. DOV 0207 Mallalance El. 14, 2021

Articles of Conversion

·For

"Other Business Entity"

Into

Florida Limited Liability Company

TILEU

19 JAN 10 AH 11: 38

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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: MARIA VICTORIA CAZENAVE, P.A.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a P.A. (Professional Association) (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)
04/30/2015 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: MARIA VICTORIA CAZENAVE, 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.

Signe	ed this <u>26</u>	day of December	20_18
Sign:	ature of Auth	orized Representative of Lin	nited Liability Company:
Signa	iture of Autho	rized Representative: <u> </u>	llie V. Cazinai
Printe	ed Name: MAR	IA VICTORIA CAZENAVE	Title: AMBR
Signa	<u>iture(s) on bel</u>	nalf of Other Business Entity:	[See below for required signature(s)]
Ciana		Main V. Cleyeran	•
Printe	ed Name: MARI	A VICTORIA CAZENAVE	Title: President
Time	d Hame.	A COUNTY CHEEKATE	Title, resident
Signa	ture:		
Printe	d Name:		Title:
Signa	ture:		
Printe	d Name:		Title:
c.			
Signal	ture:		Tide
rime	d Name:		Title:
Signal	hire:		
Printe	d Name:		Title:
Signat	ture:		
Printe	d Name:		Title:
	rida Corporat		
Signat	ure of Chairm	an, Vice Chairman, Director, or	Officer.
II DIR	ctors or Office	ers have not been selected, an Ir	corporator must sign.
If Flor	rida General I	Partnership or Limited Liabil	ity Partnership
Signat	ure of one Ger	neral Partner	ny rai mersiip.
J			
If Flor	rida Limited I	Partnership or Limited Liabil	ity Limited Partnership:
Signat	ures of <u>ALL</u> C	General Partners.	
All oth			
Signat	ure of an autho	orized person.	
Fees:			
<u>i CCS.</u>			
	Articles of C	onversion:	\$25.00
		ida Articles of Organization:	\$125.00
	Certified Co		\$30.00 (Optional)
	Certificate of		\$5.00 (Optional)
			- (- F)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
MARIA VICTORIA CAZENAVE, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10845 SW 132 CIRCLE CT	10845 SW 132 CIRCLE CT
MIAMI, FL 33186	MIAMI, FL 33186
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re-	
MARIA VICTORIA CAZENAVI	194 15 3
Name	TARASS
10845 SW 132 CIRCLE CT	Sign of the state
Florida street address (P.O.	Box NOT acceptable)
MIAMI	FL 33186
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager AMBR	MARIA VICTORIA CAZENAVE 10845 SW 132 CIRCLE CT Miami. FL 33186
	10845 SW 132 CIRCLE CT
AMBK	10845 SW 132 CIRCLE CT
	Miami. FL 33186
	
	
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(Use attachment if necessary)	مر می ایران
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LE V: Other provisions, if any.	اران المرابع ا المرابع المرابع
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REQUIRED SIGNATURE:	1
////ac 1/ //	agenar
///will V. C.	winar
Signature of a member or an	authorized representative of a member
any false information submitted in a document	th section 605.0203 (1) (b), Florida Statutes. I am aware that it to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	icto the Department of State constitutes a third degree felony
MARIA VICTORIA CAZENAVE	
Турес	d or printed name of signee

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