

L19 000 044 541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

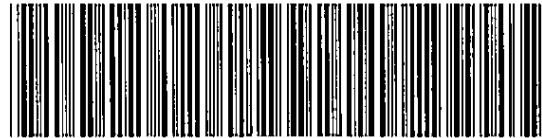
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600323477046

01/22/19--01033--018 **137.50

02/20/19--01013--035 **47.25

FILED
19 FEB 11 PM 3:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

FEB 21 2019

WP9-10014

Division of Corporations

January 31, 2019

SCOLAPASTA PRESS, LTD
5466 BALDWIN PARK STREET, UNIT 106
ORLANDO, FL 32814

SUBJECT: SCOLAPASTA PRESS, LTD
Ref. Number: W19000010014

We have received your document for SCOLAPASTA PRESS, LTD and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 319A00002241

- To
P.O. Box
- Difference

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Scolapasta Press, Ltd., LLC
5466 Baldwin Park St., #106
Orlando, FL 32814

Florida Dept. of State
Div. of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Daniel L. O'Keefe

Mr. O'Keefe,

Please find enclosed my corrected application for conversion of LLC from Colorado to Florida for Scolapasta Press, Ltd. (Ref: W19000010014)

Per my phone conversation, in this packet you will find

- Application
- Copy of letter from you indicating error
- Check for \$47.25 (since a check from me already exists for 137.75 toward the \$180.00 fee)

Please let me know if this is incorrect.

Regards,



Barbara Oliverio

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19 FEB 11 PM 3:20
FLORIDA DEPT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SCOLAPASTA PRESS, LTD, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

BARBARA OLIVERIO

(Contact Person)

SCOLA PASTA PRESS LTD

(Firm/Company)

5466 BALDWIN PARK ST, # 106

(Address)

ORLANDO FL 32814

(City, State and Zip Code)

barbara_oliverio@yahoo.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

BARBARA OLIVERIO at (719) 339-6689

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the 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:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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 Articles of Conversion is:
SCOLAPASTA PRESS, LTD
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of COLORADO
(Enter state, or if a non-U.S. entity, the name of the country)

on 1/3/2013
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
SCOLAPASTA PRESS, 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.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Signed this 5 day of FEBRUARY 2019

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Barbara J Oliverio
Printed Name: BARBARA J OLIVERIO Title: PRESIDENT / PRINCIPAL

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Darby C Waggner
Printed Name: Darby C Waggner Title: Contahutor

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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:

Signature of an authorized person.

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)

137,75 CREDIT
47.25 DUE

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCOLAPASTA PRESS, 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:

5466 BALDWIN PARK ST, #106
ORLANDO, FL 32814

Mailing Address:

5466 BALDWIN PARK ST, #106
ORLANDO, FL 32814

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:

BARBARA OLIVERIO

Name

5466 BALDWIN PARK ST, #106

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

ORLANDO FL 32814

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..

Barbara Oliverio

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

BARBARA OLIVERIO

5466 BALDWIN PARK ST, #106

ORLANDO, FL 32814

DARBY WAGGONER

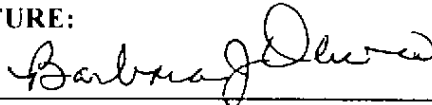
5466 BALDWIN PARK ST, #106

ORLANDO, FL 32814

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED 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.

BARBARA J. OLIVERIO

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)

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19 FEB 11 PM 3:20
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE