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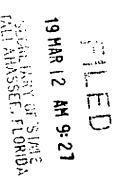
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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N CULLIGAN

COVER LETTER

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s II, LLC			
	ulting Florida Limit	ed Con	npany)
spondence concerning	g this matter to:		
(Contact Person)	-		
(Firm/Company)			
(Address)			
City, State and Zip Code)		•	
e used for future annual re	port notifications)	•	
on concerning this ma	tter, please call:		
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\$155.00 Filing Fees and Certificate of Status			S185,00 Filing Fees, Certified Copy, and Certificate of Status
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	(Name of Res of Conversion, Artic a "Florida Limited Li spondence concerning (Contact Person) (Firm/Company) (Address) Ety, State and Zip Code) e used for future annual re on concerning this ma et Person) or the following amout a bank located in the \$155.00 Filing Fees and Certificate of Status S:	(Name of Resulting Florida Limite of Conversion, Articles of Organization a "Florida Limited Liability Company spondence concerning this matter to: (Contact Person) (Firm/Company) (Address) (All checks person) (All checks person abank located in the United States) (All Company) (All Checks person) (All Checks person)	(Name of Resulting Florida Limited Control of Conversion, Articles of Organization, and a "Florida Limited Liability Company" in a spondence concerning this matter to: (Contact Person) (Firm/Company) (Address) (Address) (Address) (Address) (Address) (Area Code) (Area Code) (Area Code) (Area Code) (Area Code) (Day Or the following amount: (All checks process a bank located in the United States) (Assume of Resulting Fees and Certificate of Status (All Checks process and Certificate Of Status

Tallahassee, FL 32301

TO: New Filing Section



March 6, 2019

HORACIO SOSA, P.A. 2924 DAVIE ROAD #102 DAVIE, FL 33314

SUBJECT: INKA FOODS II, LLC Ref. Number: W19000021507

We have received your document for INKA FOODS II, 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.

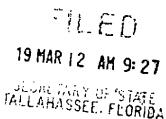
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 119A00004539

Neysa Culligan Regulatory Specialist II

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: Inka Foods II, Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
08/11/2006 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:
Inka Foods II, 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.

Signed this 25 day of February	_ 20 <u>19</u>
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:	Mile: Manager
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature:	
Signature: Printed Name: Jorgovega	Title: Director
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
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 -			
The name of the	he Limited Liability Co	ompany is:	
Inka Foods II, LI	LC		
	(Must contain the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II	- Address:		
The mailing ac	ddress and street addres	ss of the principal office of the Limited Liab	ility Company is:
Principal Off	ice Address:	Mailing Address:	
3155 NE 163rd S	Street	3155 NE 163rd Street	
North Miami, FL	. 33160	North Miami, FL 33160	
(The Limited Liabi		Registered Office, & Registered Agent's S its own Registered Agent. You must designate an individu: n.)	
(The Limited Liabi business entity wi	ility Company cannot serve as ith an active Florida registratio	its own Registered Agent. You must designate an individua	al or another
(The Limited Liabi business entity wi	ility Company cannot serve as ith an active Florida registratio	its own Registered Agent. You must designate an individuan.)	al or another
(The Limited Liabi business entity wi	ility Company cannot serve as ith an active Florida registratio the Florida street address.	its own Registered Agent. You must designate an individuan.)	al or another
(The Limited Liabi business entity wi	ility Company cannot serve as ith an active Florida registratio the Florida street address.	its own Registered Agent. You must designate an individu: n.) ess of the registered agent are: Name	al or another 19 MAR 2 FALLAHASSEE
(The Limited Liabi business entity wi	ility Company cannot serve as ith an active Florida registratio the Florida street addre Horacio Sosa 2924 Davic Rd #102	its own Registered Agent. You must designate an individu: n.) ess of the registered agent are: Name	al or another 19 MAR 2 FALLAHASSEE
(The Limited Liabi business entity wi	ility Company cannot serve as ith an active Florida registratio the Florida street addre Horacio Sosa 2924 Davic Rd #102	its own Registered Agent. You must designate an individuant.) ess of the registered agent are: Name	19 MAR 12 AM

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)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jorge Vega
	3155 NE 163rd Street
	North Miami, FL 33160
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	7. F.
	SS: 1
	FLOR
(Use attachment if necessary)	REAL PROPERTY.
LE V: Other provisions, if any.	
LE V. Other provisions, it any.	
REQUIRED SIGNATURE:	
ι \	
Signature of a member or a	an authorized representative of a member
This document is executed in accordance to	with section 605.0203 (1) (b), Florida Statutes. I am aware ti
This document is executed in accordance any false information submitted in a docum	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felorical section.
This document is executed in accordance to	with section 605.0203 (1) (b), Florida Statutes. I am awa

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)