

(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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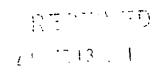
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2019

JOSE CERDA-ORTEGA 9202 DUBOIS BLVD ORLANDO, FL 32825

SUBJECT: BARBERIA LATINA, LLC Ref. Number: W18000109723

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

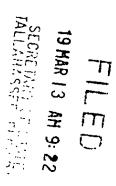
As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 319A00003529



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Barberia La	tima CLC
	ulting Florida Limited Company)
•	<u> </u>
Please return all correspondence concerning	g this matter to:
Contact Person) Barbera Latria ((Firm/Company)	<u>c</u>
10376 E. Colonial Dr. Ste	Corporations Carbona (Lativa ULC) (Name of Resulting Florida Limited Company) Sets of Conversion, Articles of Organization, and fees are submitted to convert an "Other of a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Sespondence concerning this matter to: Carbona (Lativa ULC) (Contact Person) Calculated (Contact Person) Calculated (Company) Company Company City, State and Zip Code) See used for future annual report notifications) See used for future annual report notifications See used for future annual report notifications Carbona (Daytime Telephone Number) For the following amount: (All checks processed by this office must be payable in US on a bank located in the United States) See Status MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Orlando FL 32817-L (City, State and Zip Code)	1363
E-mail Address: (to be used for future annual rep	port notifications)
For further information concerning this mat	tter, please call:
(Name of Contact Person)	at ()
	nt: (All checks processed by this office must be payable in US
\$25 for Conversion and Certificate of	and Certified Copy Certified Copy, and
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	New Filing Section Division of Corporations P. O. Box 6327

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>barberia Lating UC</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of
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:
	Baheria Latina LLC
	(Enter Name of Florida Limited Liability Company)
(T	If not effective on the date of filing, enter the effective date: 3 1 18. he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
No	e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.

Signed this day of	20_19
Signature of Authorized Representative of Limi	4 d
Signature of Authorized Representative: Printed Name:	Title:
Signature(s) on behalf of Other Business Entity: [
Signature: C: Printed Name: Socie Cercle	Title: Owner
Signature:	m'al
Printed Name:	I itle:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title
Timed Name.	
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y 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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
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: 10374 [C. Colonial Distribution of Ste 116] Orlando FL 32817
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: Ve ferred Accounting 1 Tax Services LV Name 10376 E. Colonial Dr. Stell 0 Florida street address (P.O. Box NOT acceptable) Oclando FL 32817 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 a 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) AND SECRETARY SIGNATURED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	Jose Corda Ostega 1202 Dubois Blvd Orlando FL 32825			
	·			
(Use attachment if necessary)	19 K SECI FALL			
TICLE V: Other provisions, if any.	CRETAINT A			
	T A A			
REQUIRED SIGNATURE:	Pil.			
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			
Jose Gerda	Oxtega			
Туре	ed 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)