# 49000143193

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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#### **COVER LETTER**

Division of Corporations	
SUBJECT: Ole Tation Stories (Name of Resulting Florid	<del></del>
The enclosed Articles of Conversion, Articles of Orga Business Entity" into a "Florida Limited Liability Con	anization, and fees are submitted to convert an "Other mpany" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter	er to:
Jose Fernando Rapaso F (Contact Person) (elebrations tours	<u>Pod</u> 20
(Firm/Company)	<u>LL</u> C
3316 (harles Ave	
Miashi FL 33133 (City, State and Zip Code)	
E-mail Address: (to be used for future annual report notifical	eahor com
For further information concerning this matter, please	e call:
(Name of Contact Person) (Area (Area	a Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All ch dollars and drawn on a bank located in the United Sta	• • •
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\$155.00 Filing Fees and Certificate of and Certificate of Status	O Filing Fees  ied Copy  Certified Copy, and  Certificate of Status
New Filing Section Division of Corporations	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

INHS11 (7/17)

2661 Executive Center Circle

Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2019

JOSE FERNANDO RAPOSO PEDRO 3316 CHARLES AVE MIAMI, FL 33133

SUBJECT: CELEBRATIONS TOURS LLC

Ref. Number: W19000042860

We have received your document for ¢ELEBRATIONS TOURS 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):

The Certificate of Conversion must contain the name of the corporation as set forth in the Florida Articles of Incorporation.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 219A00008807

www.sunbiz.org

18 17 MISTER

## 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.

Statutes.	Liability Company in accordance with \$.005.1045, Florida
1. The name of the "Other Business Entity" imme	diately prior to the filing of the Articles of Conversion is:
<u>Celebrario</u>	as Tours Inc.
(Enter Name of Other	Business Entity)
2. The "Other Business Entity" is a LOVP	oration
(Enter entity type. Example: corporation, lin	nited 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)
	(Enter state, or if a non-U.S. entity, the name of the country)
on 11-19-2018 (date of organization, formation or incorporation)	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Com	pany as set forth in the attached Articles of Organization:
Celebration F	arty Boats LLC.
(Enter Name of Florida Limited	Liability Company)
4. If not effective on the date of filing, enter the el	Factive date:
	eceipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida D	
Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's reco	dicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in ac	cordance with all applicable statutes.
<ol> <li>The "Converted or Other Business Entity" has agr which such members are entitled under ss. 605.10</li> </ol>	ped to pay any members having appraisal rights the amount to 06 and 605.1061-605.1072, F.S.
	SECRE. TALL

Signed this 6 day of May	20 14 .
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: Jose Formando (O) (U)	Title: Posident
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Jose Ternando Co	Patitle: Jacident
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, of If Directors or Officers have not been selected, an I	
If Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partnership:
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	lity 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 - Name:	
The name of the Limited Liability Company	is:
(Must contain the words "Limited Lia	ty Boats LLC." or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3316 Charles Ave. Miami FL 33133	3316 Charles Ave. Miam: FL 33133
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Re business entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Jose Ferna	ando Rapasa Pedra
Na	ame
3316 Char	les Ave.
Florida street address (F	P.O. Box NOT acceptable)
Mian:	FL 33133 Zip
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S
(CONT	INUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	yoseternando Rapos
177/14502	Jose + Dermandor agos
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
<u>KEQUIKED</u> SIGNATURE.	
	an authorized representative of a member
	with section 605.0203 (1) (b), Florida Statutes. I am aware that injent to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	
ナル・ナ	ped or printed name of signee
V - 32 - 1 ( )	
Ty	ped or printed name of signee Filing Fees