# 19000193264

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	<i>⇒</i> #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
	577 000	
Special Instructions to	Filing Officer:	
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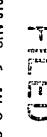
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2019 AUG -6 AM 9: 23 SECREGAD COF STATE TALL ADARS OF FL



### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: BOLAVIA LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Altxis Pittrasz. Milliorz Name of Person
Advantage Global Resources
PD BOX 490 Address
City/State and Zip Code  Olevis Dietra (a udvintage a loba resources, com  E-mail address: (to be used for future amual report notification)
For further information concerning this matter, please call:
HLUS Prehaszhewi (7 at ( 716 ) 229 - 8722  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$  Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address

TO:

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

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

22 F

July 8, 2019

ALEXIS PIETRASZKIEWICZ PO BOX 490 WILLIAMSVILLE, NY 14221

SUBJECT: BOGAVIA, INC. Ref. Number: W19000062399

We have received your document for BOGAVIA, INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was sumbitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

Letter Number: 319A00013673

DO DOWNER WILL DO

## **COVER LETTER**

TO: New Filing Sc Division of Co			
SUBJECT:	OBAVIA. L	-LC	
	(Name of Res	ulting Florida Limited Com	ipany)
			d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this matter to:	
Alexis Pi Advantage	Etraszkición (Contact Person) (Albbal Pres (Firm/Company)	óurces	
510 Main 5	(Address)		
Williamsville	City, State and Zip Code)		
Olevispietra a E-mail Address: (to be	dvantage a a	port notifications)	
For further information	on concerning this ma	tter, please call:	
MCVIS Petroso (Name of Conta	KICWICZ et Person)	_ ``` \/	time Telephone Number)
	or the following amou a bank located in the		sed by this office must be payable in US
\$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	□S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING A	
New Filing Section Division of Corporat	inne	New Filing S Division of C	
Clifton Building	Willo	P. O. Box 63:	

Tallahassee, FL 32314

INHS11 (7/17)

Tallahassee, FL 32301

2661 Executive Center Circle

## 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:
BOHAVIA, INC. (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (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)
on 12/6)/2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: \(\frac{7/18/2019}{
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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Signed this 18 day of July	_20_ <u>1</u> _9
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Printed Name: Katherine hagusa	Title: Member
Signature(s) on behalf of Other Business Entity:	
Signature:	Title: <u>President</u>
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 of Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership;
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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 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: Mailing Address:
Naples, FL, 34140  SIO MAIN ST  WILLIAMSVILLE, NY 1421
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:
Name Hobal Finance, LC
14736 Prato Way Florida street address (P.O. Box NOT acceptable)

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager HMBP	Katherine hagusa 5/10 Main 5%. Williamsville, NY, 14221
AMBR	Allson Ragusa 5710 Main St. Williamsville, NY, 19221
AMBR	Juliana Ragusa 5710 Main St Williamsville, NV, 14221
AMBR	ANTIFONY Augusa  14720 Prato Way  Naples, FL 34110

## REQUIRED SIGNATURE:

Signature of a member or ad 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.

Sa Typed or printed name of signee

Filing Fees

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