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(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Name)	
(Do	ocument Number)	·
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

N CULLIGAN AUG 2 3 2019

COVER LETTER

TO: New Filing S Division of C				
	•			
SUBJECT: CR7 EN		ulting Florida I	.imited Cor	mpany)
				nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter	to:	
REINIER BETANCOU	RT			
	(Contact Person)			
PRESIDENT				
	(Firm/Company)			
11082 WINDSONG CIF	R APT 104			
	(Address)			
NAPLES, FL 34109				
(City, State and Zip Code)	·		
INFO@DIRECTSOLUT	TIONSERVICES.COM			
E-mail Address: (to b	e used for future annual re	port notification	15)	
For further informati	on concerning this ma	tter, please ca	all:	
DIRECT SOLUTION S	ERVICES	_at (_ ²³⁹	1443-5	5846
(Name of Conta	act Person)	ur ((Area C	ode) (Day	rtime Telephone Number)
	for the following amou a bank located in the		-	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	■\$155.00 Filing Fees and Certificate of Status	□S180.00 F and Certified		☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status
STREET ADDRES New Filing Section	S:		ALING A	ADDRESS: Section

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

INHS11 (7/17)

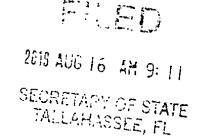
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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, Floric Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: CR7 ENTERPRISES 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, e
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on $\frac{08/25/17}{\text{(date of organization, formation or incorporation)}}$
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
CR7 ENTERPRISES 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.
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- 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 13 day of AUGUST	20_19			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative: x Printed Name: REINIER BETANCOURT	Title: MGR			
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
Signature: A Printed Name: REINIER BETANCOURT	Title: MGR			
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.			
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 Compan	y is:
CR7 ENTERPRISES LLC	
(Must contain the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11082 WINDSONG CIR APT 104	11082 WINDSONG CIR APT 104
NAPLES, FL 34109	NAPLES, FL 34109
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
REINIER BETANCOURT	
,>	
11082 WINDSONG CIR A	PT 104 유민
Florida street address (PT 104 (P.O. Box NOT acceptable)
NAPLES	FL 34109
City	Zip

Having been named as registered agent and to accept service of process for the above stated limite 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 ana accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	REINIER BETANCOURT
	11082 WINDSONG CIR APT 104
	NAPLES, FL 34109
	<u> </u>
	$\frac{1}{2}$
(Use attachment if necessary)	100 m 100 m 100 m 100 m
(Ose attachment if necessary)	可量.
CLE V: Other provisions, if any.	·
CLE V. Other provisions, if any.	
DECHIDED CICNATUDE.	
REQUIRED SIGNATURE:	
Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that
any false information submitted in a document	nent to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	
REINIER BETANCOURT	
Typ	ped 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)