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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartified Caning Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only

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TOMMY D. PERMENTER, JR.



Bellwether Professional Park 2201 S.E. 30th Avenue, Sutte 202 Ocala, Florida 34471 Telephone
(352) 622-1811
Facsimile
(352) 622-1866
Email
Tommy@Permenterlaw.com

August 22, 2019

New Filing Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: J Alvarez, Inc./J Alvarez, LLC

Articles of Conversion Our File No.: 19-0137

#### Ladies and Gentlemen:

Enclosed please find the Articles of Conversion for "Other Business Entity" into Florida Limited Liability Company for J Alvarez, Inc., for filing.

Also, enclosed is my firm's check in the amount of \$180,00 representing the filing and certified copy fees.

Thank you for your assistance in this matter. If you have any questions, please let me know.

Sincerely,

THE PERMENTER LAW FIRM, P.A.

Tommy D. Permenter, Jr., Esquire

TDP/am Enclosures

#### **COVER LETTER**

TO:	New Filing Se Division of C				
SUB.	JECT: Alvarez	, LLC			
27 27 22		(Name of Res	sulting Florida Limite	d Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Tomn	ıy D. Permenter, Jı	., Esquire			
		(Contact Person)			
The P	ermenter Law Firn	1, P.A.			
		(Firm/Company)	<u>,                                      </u>		
2201	S.E. 30th Avenue.	Suite 202			
		(Address)			
Ocala	, Florida 34471				
-	- ((	City, State and Zip Code)			
Tomn	ıy@Permenterlaw.	com			
E-:	mail Address: (10 b	e used for future annual re	port notifications)		
For fi	urther informati	on concerning this ma	tter, please call:		
Tomn	ny D. Permenter, Ji	r., Esquire	_at ( <u></u>	622-1	1811
	(Name of Conta	act Person)	(Area Code)	(Day	rtime Telephone Number)
		for the following amou a bank located in the	•	roces:	sed by this office must be payable in US
(\$25 f	50.00 Filing Fees or Conversion 5 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	23 180.00 Filing and Certified Cop	Fees y	□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STR	EET ADDRES	S:	MAILI	NG /	ADDRESS:
	Filing Section		New Fil	_	
	sion of Corporat	ions			Corporations
	on Building Executive Cent	or Ciralo	P. O. Be Tallaha		27 FL 32314
400 I	TACCHUYC COM	CI CHCIC	1 (111(111(1)	ance.	11/44/17

Tallahassee, FL 32301

# **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.

(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.	
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the co	ountry)
October 28, 2014 on	
on	
J Alvarez, LLC  (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:	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar of the date this document is filed by the Florida Department of State.)	days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisdocument's effective date on the Department of State's records.	sted as the
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	amount to

AUG 26 AH 9:

Signed this 21st day of Aug	20_19
Signature of Authorized Repres	entative of Limited Liability Company:
Signature of Authorized Represen Printed Name: John L. Alvarez	tative: John L. Title: Manager
	susiness Entity: [See below for required signature(s)]
Signature John dy Or	Title: President
Printed Name: John L. Alvarez	Title: President
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
Signature:	Title:
Signature:	Title:
Timed Name	Title:
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairn If Directors or Officers have not bec	nan, Director, or Officer. en selected, an Incorporator must sign.
<u>If Florida General Partnership or</u> Signature of one General Partner.	
If Florida Limited Partnership or Signatures of <u>ALL</u> General Partners	<u>Limited Liability Limited Partnership:</u> s.
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

19 AUG 26 AH 9: 25

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Com	npany is:
J Alvarez, LLC	
(Must contain the words "Limi	ted 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:
3910 S.W. College Road	P.O. Box 772169
Suite 200	Ocała, Florida 34477
Ocala, Florida 34474	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	
John L. Alvarez	
	Name
3910 S.W. College Roa	ad, Suite 200
Florida street addr	ess (P.O. Box <u>NOT</u> 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.,

Registered Agent's Signature (REQUIRED)

City

Ocala

(CONTINUED)

## ARTICLE IV-

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

		Name and Address:
MGR  John L. Alvarez  P.O. Box 772169  Ocala. Florida 34477  John L. Alvarez  P.O. Box 772169  Ocala. Florida 34477  Coala. Florida 34477  Domain Florida 34477  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155, F.S.  John L. Alvarez  Typed or printed name of signee  Filing Fees  S125.00 Filing Fee for Articles of Organization and Designation of Registered		
P.O. Box 772169  Ocala. Florida 34477  John L. Alvarez  P.O. Box 772169  Ocala. Florida 34477  (Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155, F.S.  John L. Alvarez  Typed or printed name of signee  Filing Fees  S125.00 Filing Fee for Articles of Organization and Designation of Registered		John L. Alvarez
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S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Option	REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.  John L. Alvarez	rece with section 605.0203 (1) (b). Florida Statutes, I am aware ecument to the Department of State constitutes a third degree fe
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