

L1900023408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

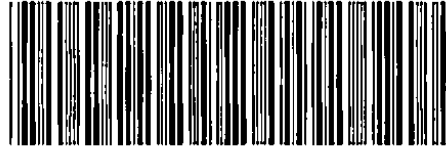
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 25 2019

K Brumbley

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** LAYLA ENTERPRISES LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert a Business Entity into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Jennifer Cornejo

(Contact Person)

MyUSACorporation.com

(Firm/Company)

1 Radisson Plaza, Suite 800

(Address)

New Rochelle, NY 10801

(City, State and Zip Code)

info@myusacorporation.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Jennifer Cornejo

at ( 877 ) 330-2677

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in dollars and drawn on a bank located in the United States)

☐ \$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

☐ \$185.00 Filing Fees.  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**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 f  
"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1  
Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conv  
LAYLA ENTERPRISES LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limited Liability Company  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or bus

First organized, formed or incorporated under the laws of Wisconsin  
(Enter state, or if a non-U.S. entity, the name of the

on 12/08/2015  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Or  
LAYLA 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 calenda  
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  
document'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 th  
which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

RECEIVED  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

Signed this 19th day of August 2019.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative:

Printed Name: DANIEL LEFANTE

Title: Member

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature:

Printed Name: DANIEL LEFANTE

Title: Member

Signature:

Printed Name: JOSEPH PEI

Title: Member

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 Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CC

## ARTICLE I - Name:

The name of the Limited Liability Company is:

LAYLA ENTERPRISES LLC

(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 C

### Principal Office Address:

495 Brickell Ave., Ste 5303

Miami, FL 33131

### Mailing Address:

18 Wister Pl

Aberdeen, NJ 07747

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat

(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:

JOSEPH PEI

Name

495 Brickell Ave., Ste 5303

Florida street address (P.O. Box NOT acceptable)

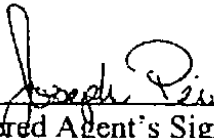
Miami

FL 33131

City

Zip

*Having been named as registered agent and to accept service of process for the above 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 the Florida 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 607, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

**\$ 30.00 Certified Copy (Optional)**      **\$ 5.00 Certificate of Status (Optional)**