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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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SEGNORATION AND ADMINISTRATION ADMINISTRATI

W19-90958



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2019

LUANI ALVARADO 15600 SW 88TH ST MIAMI, FL 33196

SUBJECT: JVL ALVARADO LLC Ref. Number: W19000090958



We have received your document for JVL ALVARADO 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Matthew T Moon Regulatory Specialist II Supervisor

Letter Number: 519A00021026

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COVER LETTER

TO: New Filing S Division of G				
SUBJECT:	JVL	Alvarado	LLC	
		aulting Florida Limited Con		_
		-	d fees are submitted to eccordance with s. 605.1	
Please return all cor	respondence concerning	g this matter to:		
_UMNÍ JYL	(Contact Person)	LLC		
71	(Contact Person) LANYARAD (Firm/Company) SOSSU 8	o Llc		
	(Firm/Company)			50 to
150	600 SW 8	18th STREET		9 SEP 24 PH 3: 43
	(Address)			70
100	lani Fiz 3	3196		
	Imi FL 3 (City, State and Zip Code)			유
	LL & TLE		.com	ا بي
	be used for future annual re			ن ا
For further informat	ion concerning this ma	tter, please call:		•
Lunni A	IVARADO	at (908)	342 - 2330 rtime Telephone Number)	
(Name of Con	tact Person)	(Area Code) (Day	rtime Telephone Number)	_
	for the following amount a bank located in the		sed by this office must h	pe 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	☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status	
STREET ADDRES	SS:	MAILING A	ADDRESS:	
New Filing Section		New Filing S		
Division of Corpora	tions	Division of C		
Clifton Building 2661 Executive Cen	ster Circle	P. O. Box 63 Tallahassee,		
Tallahassee, FL 32.		rananasse,	52511	

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.

The Landing to the Clina of the Articles of Conversion is:
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Emer entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on iO/O1/2012 (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)
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.
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.
19 SE

<u>Signature</u>	of Authorized Representative of Limi	ted Liability Company:	
Signature c	of Authorized Representative:	~~~~	
Printed Nar	ne: Luani Alvarado	Title: President	
Sionature(s) on behalf of Other Business Entity:	See below for required signatu	refell
5.00	Affina Dusiness Elikity.	poet below for required signatu	10(3)
Signature: Printed Nar	ne: Luani Alvarado	Title: President	
i iiiica i iai		Title, Trendon	
Signature:	ne:	77741	
Printed Nar	ne:	Title:	
Signature:			
Printed Nar	ne:	Title:	
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Signature: Printed Nan If Florida (ne:	Title:	
Signature: Printed Nan If Florida (Signature of Directors If Florida (Signature of Signature of Signature of Signatures of S	ne:	Title:Officer. Corporator must sign. ty Partnership:	
Signature: Printed Nan If Florida (Signature of Directors If Florida (Signature of Florida I Signatures of All others:	Corporation: f Chairman, Vice Chairman, Director, or or Officers have not been selected, an Ingeneral Partnership or Limited Liability one General Partner. Limited Partnership or Limited Liability of ALL. General Partners.	Title:Officer. Corporator must sign. ty Partnership:	79.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I. Nome.					
ARTICLE I - Name: The name of the Limited Liability Company is:					
, , ,					
JUL ALVARAGO, L	LC				
(Must contain the words "Limited Liability	Company, "L.L.	.C.," or "l.	LC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office	of the l	Limited Li	ability Con	ipany is:
Principal Office Address:	Mailing A	<u>ddress:</u>			
15600 Sw 88th STALLT miami, FL 33196					
miami, FC 3319E					
Kendall & the childena.	271			O	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Rered Agent, You	tegister must desig	ed Agent' gnate an indiv	s Signature idual or another	! :
The name and the Florida street address of the re-					
LUAN: Alvarad Name 15600 Sic 8	ان				
Name	,				
15600 5W 8	5	rice	- t		
Florida street address (P.O.	Box NOT	acceptab	ole)		
City	FL	33	196		
City		Zip			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as registered Agent's Signature.	this certificative. I further performance gistered agen	ate, I her agree to of my di at as pro	reby accept o comply w uties, and l vided for it	t the appoin rith the prov ' am familiai	tment as isions of all r with and
(CONTIN	UED)			SEGRENT PA	TIL

Ā	ĸ	Т	I	C	ŧ.	E	1	V	_

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	i mai nivaaxno
NGR	15600 Suc 88 ch 5170 Mirtm, FL 33196
·	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	an authorized representative of a member
This document is executed in accordance	with section 605,0203 (1) (b). Florida Statutes, I am aware the
This document is executed in accordance any false information submitted in a docu as provided for in \$.817.155. F.S. LCANT A	with section 605.0203 (1) (b). Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felo
This document is executed in accordance any false information submitted in a docu as provided for in \$.817.155. F.S. LUANT A	with section 605.0203 (1) (b). Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felo

\$ 30.00 Certified Copy (Optional)

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\$ 5.00 Certificate of Status (Optional)