(Z00100012616

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700335086757

10/07/19--01020--024 **185.00

2019 DEC 18 PM 12: 04 SECRETARY OF STATE

COVER LETTER

TO:	New Filing Sec Division of Cor				•	
cup	JECT: ATILA Y J	JLIO CESAR LLC				
20p	JEC1	(Name of Resul	ting Florid	a Limite	1 Compa	my)
The e	enclosed Articles oness Entity" into a	of Conversion, Article "Florida Limited Lial	s of Orga bility Co	inizatio mpany"	n, and i	fees are submitted to convert an "Other ordance with s. 605.1045, F.S.
Pleas	se return all corres	pondence concerning	this matt	er to:		
JORG	GE CINO					
		(Contact Person)	-			
ATIL	A Y JULIO CESAR	LLC				
		(Firm/Company)				
209 9	Santa Clara Str	LEET				
		(Address)				
BRIS	SBANE, CA 94005					
	(C	ity, State and Zip Code)				
					٠	
E	E-mail Address: (10 bo	used for future annual rep	ort notific	ations)		
For	further information	n concerning this mat	ter, pleas	se call:		
JOR	GE CINO		_at (<u>415</u>)573-83	<u></u>
	(Name of Contac	et Person)	at ((Ai	ea Code)	(Dayt	ime Telephone Number)
Enc doll	losed is a check followed are and drawn on	or the following amou a bank located in the	nt: (All c United S	checks p tates)	rocess	ed by this office must be payable in US
(\$25 & \$	\$150.00 Filing Fees of for Conversion 125 for Articles Organization)	S155.00 Filing Fees and Certificate of Status	☐S180. and Cer	00 Filing tified Cop	Fees o <u>v</u>	S185.00 Filing Fees. Certified Copy, and Certificate of Status
Ne Div Cli	REET ADDRES: w Filing Section vision of Corporat fron Building 51 Executive Cent	ions		New F Division P. O. I	iling S on of C Box 63	Corporations

Tallahassee, FL 32301



October 29, 2019

JORGE CINO 209 SANTA CLARA ST BRISBANE, CA 94005

SUBJECT: ATILA Y JULIO CESAR LLC

Ref. Number: W19000095532

We have received your document for ATILA Y JULIO CESAR LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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

Letter Number: 019A00022256

December 11, 2019

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Atila Y Julio Cesar LLC

Letter Number: 019A00022256

Dear Ms Fason,

Enclosed please find signed forms as requested. I tried calling your offices but I always get a recording for prompts and at the end it says that there are many phone calls and to try again later. I have tried without success.

I was calling to make sure that I was signing and sending the correct forms. I am also enclosing a document from Delaware that I am an Authorized Person.

I hope this clears up the conversion for the LLC. If there is anything else you need please contact me and I will proceed accordingly.

Sincerely,

Jorge Cino

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.

ATILA Y JULIO CESAR LLC (Enter Name of Other	Business Entity)
LIMITED LIAR	ILITY COMPANY
2. The "Other Business Entity" is a	nited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the l	(Enter state, or if a non-U.S. entity, the name of the country)
JANUARY 14, 2015 on	· · · · · · · · · · · · · · · · · · ·
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Com	pany as set forth in the attached Articles of Organization:
ATILA Y JULIO CESAR LLC	
(Enter Name of Florida Limited	I Liability Company)
4. If not effective on the date of filing, enter the ef	09/15/2019 fective date:
(The effective date: Cannot be prior to date of r the date this document is filed by the Florida Do	receipt or filed date nor more than 90 calendar days after epartment of State.)
(The effective date: Cannot be prior to date of r the date this document is filed by the Florida Do Note: If the date inserted in this block does not meet the app	receipt or filed date nor more than 90 calendar days after epartment of State.) olicable statutory filing requirements, this date will not be listed as the rds.
(The effective date: Cannot be prior to date of r the date this document is filed by the Florida Do Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's record. 5. The plan of conversion has been approved in according to the date of the plan of conversion has been approved in according to the plan of conversion has been appro	receipt or filed date nor more than 90 calendar days after epartment of State.) blicable statutory filing requirements, this date will not be listed as the reds. cordance with all applicable statutes. reed to pay any members having appraisal rights the amount to

Signed this 181H day of SEPTEMBER .	_ 20_19
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	~
Signature of Authorized Representative:	
Printed Name: JORGE CINO	Title: AMBR
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name:	
Printed Name: 10194 6.40	Title: wmper/ARBA
() O	, ,
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
rinted radio.	1140.
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Cionatura	
Signature:Printed Name:	Title
Filmed Name.	Title.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	
×455	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one General Fatures.	
If Florida Limited Partnership or Limited Liabili	tv Limited Partnership:
Signatures of ALL General Partners.	- <u></u>
	
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)
Continuate of Status.	ωσίου (Optional)

Δ	R	TI	CI	ĹE	I	/_
\sim	7	. 1 1		ندب	1 4	_

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	JORGE CINO
	209 SANTA CLARA STREET
	BRISBANE, CA 94005

	·
	,
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant	or an authorized representative of a member nice with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document is a document in a docum	or an authorized representative of a member like with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felon
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a docast provided for in s.817.155, F.S. JORGE CINO	ice with section 605.0203 (1) (b), Florida Statutes. I am aware tha

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