

L200 0003 1392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

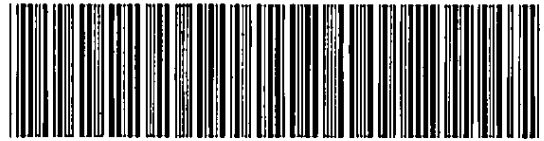
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900334945369

10/07/19--01025--017 \*\*150.00

FILED  
19 OCT -7 PM 2:19  
TALLAHASSEE, FLORIDA

W19-93115



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2019

SANDRA RUIZ  
E-OFFICE CENTER INC.  
302 S COLLINS ST  
PLANT CITY, FL 33563

SUBJECT: MOREYRA HOME INVESTORS LLC  
Ref. Number: W19000093115

FILED  
19 OCT -7 PM 2:19  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

We have received your document for MOREYRA HOME INVESTORS 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):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 919A00021653

RECEIVED  
2020 JAN 16 PM 11:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** MOREYRA HOME INVESTORS LLC  
(Name of Resulting Florida Limited Company)

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

Please return all correspondence concerning this matter to:

SANDRA RUIZ

(Contact Person)

E-OFFICE CENTER INC

(Firm/Company)

302 S COLLINS ST

(Address)

PLANT CITY, FL 33563

(City, State and Zip Code)

sandra.ruiz@epayroll-us.com

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

For further information concerning this matter, please call:

SANDRA RUIZ at ( 813 ) 756-6931  
(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 US dollars and drawn on a bank located in the United States)

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$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 following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
MOREYRA HOME INVESTORS 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, etc.)

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

on JUNE 05, 2018  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
MOREYRA HOME INVESTORS LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 01/01/2020  
(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.

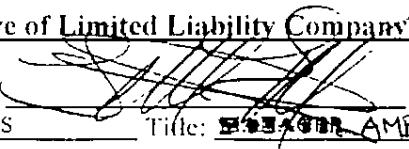
5. The plan of conversion has been approved in accordance with all applicable statutes.

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.

FILED  
19 OCT -7 PM 2:19  
TALLAHASSEE, FLORIDA

Signed this 9 day of 18 2019

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

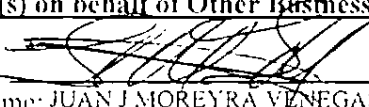
Signature of Authorized Representative: 

Printed Name: JUAN J MOREYRA VENEGAS

Title: MEMBER AMBR

*Juan J Moreyra*

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

Signature: 

Printed Name: JUAN J MOREYRA VENEGAS

Title: PRESIDENT

Signature: Fabiola Tochiuitl

Printed Name: FABIOLA TOCHIHUITLA

Title: VICEPRESIDENT

Signature: Silvio Moreyra

Printed Name: SILVIO MOREYRA

Title: VICEPRESIDENT

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)

FILED  
19 OCT -7 PM 2:19  
CLERK OF DISTRICT COURT  
JANUARY 1, 2019

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MOREYRA HOME INVESTORS 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 Company is:

#### Principal Office Address:

10517 SAINT ROSE CT  
RIVERVIEW, FL 33578

#### Mailing Address:

10517 SAINT ROSE CT  
RIVERVIEW, FL 33578

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

JUAN J MOREYRA VENEGAS

Name

10517 SAINT ROSE CT

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

RIVERVIEW, FL 33578

City

Zip

*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)

(CONTINUED)

FILED  
19 OCT -7 PM 2:19  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

JUAN J MOREYRA VENEGAS

10517 SAINT ROSE CT

RIVERVIEW, FL 33578

AMBR

FABIOLA TOCHIHUITL ESTEBA

10517 SAINT ROSE CT

RIVERVIEW, FL 33578

AMBR

SILVIO MOREIRA VENEGAS

10517 SAINT ROSE CT

RIVERVIEW, FL 33578

(Use attachment if necessary)

**ARTICLE 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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JUAN J MOREYRA VENEGAS

Typed 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)**

FILED  
19 OCT -7 PM 2:19  
TALLAHASSEE, FLORIDA