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| Certified Copies        | Certificates of     | Status        |
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| Special Instructions to | Filing Officer:     |               |
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# **COVER LETTER**

| <b>TO:</b> New Filing Se Division of Co  |   |                                    |   |                     |
|--|---|------------------------------------|---|---------------------|
| SUBJECT: BENT & E  | •   |                                    |   |                     |
| Subject.   | (Name of Res  | ulting Florida Limit               | ed Company)   |                     |
|  |   | _                                  | on, and fees are submitted or in accordance with s. 605   |                     |
| Please return all corre  | spondence concerning                                  | g this matter to:                  |   |                     |
| Helena Silva   |   |                                    |   |                     |
|  | (Contact Person)                                      |                                    | -   |                     |
| BENT & BREE, LLC   |   |                                    |   |                     |
|  | (Firn/Company)  |                                    | -   |                     |
| 1360 SW 12th Ter   |   |                                    |   |                     |
|  | (Address)   | <del></del>                        | -   |                     |
| Boca Raton, FL 33486   |   |                                    |   |                     |
| (C   | ity, State and Zip Code)                              |                                    | -   |                     |
| hsilva@bentandbree.co  | om  |                                    |   |                     |
| E-mail Address: (to be   | used for future annual re                             | port notifications)                | •   |                     |
| For further information  | on concerning this ma                                 | tter, please call:                 |   |                     |
| Helena Silva   |   | at ( <sup>401</sup>                | 359-3259  |                     |
| (Name of Contac  | et Person)  |                                    | (Daytime Telephone Number)  | )                   |
| Enclosed is a check for dollars and drawn on   |   |                                    | processed by this office mus  | st be payable in US |
| \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | □\$155.00 Filing Fees<br>and Certificate of<br>Status | □\$180.00 Filing and Certified Cop |   |                     |
| Mailing Addr<br>New Filing Se<br>Division of Co<br>P.O. Box 6322<br>Tallahassee, F       | ection<br>orporations<br>7                            |                                    | Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su | uite 810            |

Tallahassee, FL 32303

#### **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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is BENT & BREE, 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 business trust   | , etc.) |
| First organized, formed or incorporated under the laws of  |         |
| (Enter state, or if a non-U.S. entity, the name of the country)  |         |
| 05/13/2015   |         |
| on (date of organization, formation or incorporation)  |         |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizati   | on:     |
| BENT & BREE, 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 calendar days a the date this document is filed by the Florida Department of State.)                                    |         |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. | ıc      |
| 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 amoun  | t to    |

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

| Signed this 24 day of January   | 20 2 <i>0</i>  |
|---|--|
| Signature of Authorized Representative of Lim   | nited Liability Company:                                       |
| Signature of Authorized Representative: Delivariated Name: Helena Silva   |  |
| Signature(s) on behalf of Other Business Entity:  | [See below for required signature(s)]                          |
| Signature: Helena Silva   | _Title: MANAGER *  |
| Signature: Printed Name:  | Tida   |
|   |  |
| 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 If Directors or Officers have not been selected, an In |  |
| If Florida General Partnership or Limited Liabili Signature of one General Partner.   | ity Partnership;   |
| If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.   | ty Limited Partnership:  |
| All others: Signature of an authorized person.  |  |
| Fees:   |  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy; Certificate of Status:                         | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| BENT & BREE, L   | ıc  |   |   |
|------------------|---|---|---|
|                  |   | ability Company, "L.L.C.," or "LLC.")   | <del></del>                                   |
| ARTICLE II       | A didanan   |   |   |
|                  |   | ne principal office of the Limited Lial | bility Company is:                            |
| -                |   |   | , ,   |
| Principal Office | e Address:  | Mailing Address:                        |   |
| 1360 SW 12th Te  | r   | 1279 W Palmetto Park Rd                 |   |
| Boca Raton, FL 3 | 3486  | #273896                                 |   |
|                  |   | Boca Raton, FL 33427                    |   |
| The name and th  | an active Florida registration.) ne Florida street address of t     | the registered agent are:               |   |
| The name and th  | ne Florida street address of t                                      |   | 20<br>20                                      |
| The name and th  | ne Florida street address of t                                      | the registered agent are:               | SECT<br>OFFICE<br>20 JAI                      |
| The name and th  | ne Florida street address of t                                      |   | SECRETA<br>DIVISION OF<br>20 JAN 2            |
| The name and th  | ne Florida street address of the Filipe Silva  No. 1360 SW 12th Ter |   | SECRETARY S<br>DIVISION OF COR<br>20 JAN 27 A |
| The name and th  | ne Florida street address of the Filipe Silva  No. 1360 SW 12th Ter | P.O. Box <u>NOT</u> acceptable)         | SECRETARY OF SI<br>DIVISION OF CORPOR         |
| The name and the | Filipe Silva  N  1360 SW 12th Ter  Florida street address (         | P.O. Box <u>NOT</u> acceptable)         | SECRETARY OF STATE                            |

(CONTINUED)

| ARTICLE IV- The name and address of each person Company: | authorized to mana | ge and control the Limited Liability |
|--|--------------------|--------------------------------------|
| <u>Title:</u> "AMBR" = Authorized Member                 | Name and Ado       | <u>lress:</u>                        |
| "MGR" = Manager<br>AMBR                                  | Filipe             | SilvA                                |

TITE SILVA

1360 SW 12th TER

BOCA RATON, FL 33486

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

#### **REQUIRED SIGNATURE:**

Files -

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.

FILIPE SILVA

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)