# L2000068044

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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Office Use Only



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2020 FEB 27 AM IO: 37
SECRETARY OF STATE
TALL/ I I I GE, FL

2020 FEB 27 /# 10-45

N CULLIGAN HAR U 5 2020

# **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

	Date:	02/27/2020	S 1/1
		Acc#I201600000	72 4: C)W
Name:	M2cand	o, LLC	
Document #:			
Order #:	1274421	4	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
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		Thank you!	

February 28, 2020

CT CORP

SUBJECT: M2CANDO, LLC Ref. Number: W20000021760

CORRECTED
Please Allow For
Same File Date

We have received your document for M2CANDO, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 120A00004392

#### **COVER LETTER**

TO:	New Filing So Division of Co				
SUBJ	ECT: M2CANE	OO, LLC			
		(Name of Res	ulting Florida Limite	d Com	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concernin	g this matter to:		
Rober	B. Canter, Esq.				
		(Contact Person)			
Shulm	an Rogers Gandal	Pordy & Ecker			
_		(Firm/Company)			
12505	Park Potomac Ave	enue, 6th Floor			
	·	(Address)			
Potom	ac, Maryland 2085				
	((	City, State and Zip Code)			
	r@shulmanrogers.				
E-r	nail Address: (to b	e used for future annual re	port notifications)		
For fi	irther information	on concerning this ma	=		
Nancy	Manning		_at (	255-0	0558
	(Name of Conta	ect Person)	(Area Code)	(Day	rtime Telephone Number)
dollar	s and drawn on	a bank located in the	United States)		sed by this office must be payable in US
(\$25 fc & \$12.	60.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	\$180.00 Filing land Certified Copy	Pees /	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:	MAILI	NG A	ADDRESS:
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Tallahassee, FL 32301

# FILED

### Articles of Conversion

For

#### "Other Business Entity"

Into

2020 FEB 27 AM IO: 38

SECRETARY OF STATE TALLAHASSEE, FL

#### 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:  M2CANDO, 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
on 06/01/2012 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: M2CANDO, 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 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.

Signed this 2nd	day of March	
Signature of Auth	orized Representative of Lim	ited Liability Company:
Cimmutum of Author	orized Representative: /s/ Erica	Chemalli
Signature of Autho	Chamalli	Title: Member
Printed Name; Erica	Chemoti	Title: Member
Signature(s) on be	half of Other Business Entity:	[See below for required signature(s)]
Signature: /s/ Enzo	Pisoni	
Printed Name: Enzo	Pisoni	Title: Authorized Person
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corpora		055
	nan, Vice Chairman, Director, or	
II Directors or Office	cers have not been selected, an Ir	corporator must sign.
If Florida General	l Partnership or Limited Liabil	ity Partnership:
Signature of one Go		-
		ter I to terd Donas analysis
Signatures of ALL	Partnership or Limited Liabil	ity Limited Partnership:
Signatures of ALL	General Fathlets.	
All others:		
Signature of an aut	horized person.	
Fees:		
		<b>#35.00</b>
	Conversion:	\$25.00
	orida Articles of Organization:	\$125.00 \$30.00 (Ontional)
Certified C	• •	\$30.00 (Optional)
Certificate	of Status:	\$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

M2CANDO, LLC  (Must contain the words "Limite	ed Liability Company, "L.L.C.," or "Ll.C.")	_
ARTICLE II - Address:		
	of the principal office of the Limited Liability (	Company is:
Principal Office Address:	Mailing Address:	
1900 Sunset Harbour #809	1900 Sunset Harbour #809	_
Miami Beach, FL 33139	Miami Beach, FL 33139	<del>-</del>
The name and the Florida street address  Erica Chemolli	Name	YOU FEB 27 AH ID: 38 SECRETARY OF STATE SECRETARY OF STATE
1900 Sunset Harbour #	809	大学 二
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	F S1
Miami Beach	FL 33139	38 FL
City	Zip	·
Having hoon named as registered age	ent and to accept service of process for the above gnated in this certificate, I hereby accept the app	e stated limited pointment as provisions of all

(CONTINUED)

# TIME

#### ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Enzo Pisoni
	1900 Sunset Harbour #809
	Miami Beach, FL 33139
AMBR	Erica Chemolli
	1900 Sunset Harbour #809
	Miami Beach, FL 33139
	<del></del>
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	<u> </u>
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	<u></u>
(Use attachment if necessary)	<u> </u>
(Ose attachment if necessary)	
CLE V: Other provisions, if any.	
-	
REQUIRED SIGNATURE:	
/s/ Erica Chemolli	
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b). Florida Statutes. I am aware the
any false information submitted in a docu as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree feld
as provided for minority sort for	

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)