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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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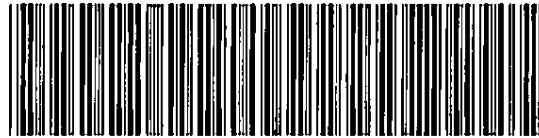
(Business Entity Name)

(Document Number)

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C RICO  
FEB 19 2020

**COSTELLO & WICKER, P.A.**

ATTORNEYS AT LAW

Voice (239) 939-2222 • Facsimile (239) 939-2280

**John M. Wicker, P.A.**, Managing Attorney

Also member of Florida Institute of Certified Public Accountants

**Truman J. Costello**, 1949-2011

Brittany Professional Centre  
12670 New Brittany Blvd., Suite 101  
Fort Myers, FL 33907

**Mailing Address**  
Post Office Drawer 60205  
Fort Myers, FL 33906-6205

February 13, 2020

Division of Corporations  
New Filing Section  
P.O. Box 6327  
Tallahassee, FL 32314

**Sent By:**  
Regular U.S. Mail

**Re: Eventile USA, Inc. P19000093205 – CONVERSION INTO – Eventile USA, LLC**

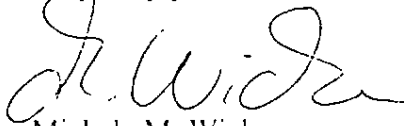
Dear Sir or Madam:

In the above-mentioned reference please find enclosed the following:

1. Our Firm's check #5307 in the amount of \$150.00 being fees for conversion.
2. Articles of Conversion from **EVENTILE USA, INC.** into now **EVENTILE USA, LLC**.
3. Articles of Organization

Should you have any questions please do not hesitate to contact our office. Thank you so much for your assistance.

Very truly yours,



Michele M. Wicker,  
Assistant to John M. Wicker, P.A.

*Direct Dial:* (239) 690-4269

*E-mail:* [mwicker@lawcrw.com](mailto:mwicker@lawcrw.com)

Enclosures: as indicated

**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:  
EVENTILE USA, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION PI9-93205  
(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 01/01/2020  
(date of organization, formation or incorporation)

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

EVENTILE USA, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: UPON FILING

(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.

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Signed this 12TH day of FEBRUARY 2020.

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

Signature of Authorized Representative: 

Printed Name: RAUNIER MENDILUZA

Title: MANAGER

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

Signature: 

Printed Name: RAUNIER MENDILUZA

Title: PRESIDENT

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EVENTILE USA, 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:

1827 NW 6TH PL

CAPE CORAL, FL 33993

Mailing Address:

1827 NW 6TH PL

CAPE CORAL, FL 33993

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:

JOHN M. WICKER

Name

12670 NEW BRITTANY BLVD, SUITE 101

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

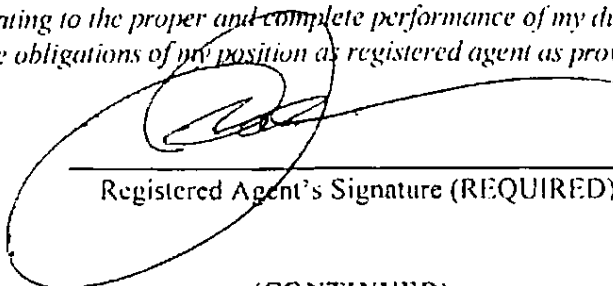
FORT MYERS

FL 33907

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

RAUNIER MENDILUZA

1827 NW 6TH PL

CAPE CORAL, FL 33993

MGR

YILENY ECHEVARRIA

1827 NW 6TH PL

CAPE CORAL, FL 33993

(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.

RAUNIER MENDILUZA

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)**