(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	nent Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filin	ng Officer:	

Office Use Only

Mauron 2 KYY

MAR 12 2020



800340183358

02/05/20--01005--003 **150.00



February 27, 2020

ADAM KIRWAN 301 N. FERNCREEK AVE SUITE C ORLANDO, FL 32803

SUBJECT: FLEITES PPROPERTIES LLC

Ref. Number: W20000020848

We have received your document for FLEITES PPROPERTIES 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 420A00004259

www.sunbiz.org

District CO at a popular

COVERLETTER

ТО:	New Filing ! Division of 0	Section Corporations			
SUBJ	ECT: FLEITE	S PROPERTIES, LLC			
			sulting Florida Lim	ited Co	mpuny i
The er Busine	ess Entity" int	es of Conversion, Arti o a "Florida Limited I	cles of Organiza liability Compan	iion, ai y" in ;	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all cor	respondence concernii	ng this matter to:		
ADAM	O KIRWAN				
		(Contact Person)		-	
KIRWA	AN LAW FIRM			_	
		(Firm Company)		_	
Miu	FERNCREEK	AVE., SUITE C		_	
		(Address)			
ÚRLA:	VDO, FL 32803	<u> </u>			
		City, State and Zip Code)		_	
	Dkirwanlawfirm			_	
1 111	ail Address (10 l	be used for future annual re	port notifications)	_	
For fur	ther informati	ion concerning this ma	itter, please call:		
ADAM	O KIRWAN		at (407	210-	6622 time Telephone Number)
	i Name of Conti	act Personi	(Area Code) iDay	time Telephone Number)
Lucios dollars	ed is a check (and drawn or	for the following amou a bank located in the	int: (All checks _I United States)	moces:	sed by this office must be payable in US
$(S_{ij}^{\rm ASS})_{\rm TOT}$.0n i along Lees Conversion for Articles orzation)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop		Contribute of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Fallahassee, F	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations fentre of Tallahassec N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

	(Enter Name of Other Business Fritity)
2 The "Other Bu	siness Entity" is a
Chnter	entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, fè	ormed or incorporated under the laws of
	(I nter state, or it a non-U.S. entity, the name of the country)
1-16-2020 OII	
idate of organiza	tion, formation or incorporation)
: The name of th	ne Florida Limited Liability Company as set forth in the attached Articles of Organization:
FLEITES PROPER	ETIES, LLC
, , , , , , , , , , , , , , , , , , , 	(Enter Name of Florida Limited Liability Company)
4. If not effective	on the date of filing, enter the effective date;
the date this doc Note: If the date inse	te: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ument is filed by the Florida Department of State.) rited in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
the date this doe Note: If the date inse document's effective	ument is filed by the Florida Department of State.) rited in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

signed this 31st day of January	20_20
Signature of Authorized Representative of Limi	ted Mability Company:
Nigrature of Authorized Representative. Pointed Name ADAM O. KIRWAN	Title AUTH REPRESENTATIVE
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature The Signature	
Printed Name: ADAM O. KIRWAN	Title: AUTH REPRESENTATIVE
Signature	
Printed Name:	Little
Signature	
Printed Name.	Title
Signature	
France Name	Little
Standard	
Printed Name	litle
Signature;	
Printed Name:	l'itte:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or It Directors or Officers have not been selected, an Inc	
ht Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Lees	
Articles of Conversion:	\$25.00
Lees 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

FLEITES PROPERT		
(8)	usi contain the words "Limited I d	ability Company, "L.L.C.," or "E.L.C.")
ARTICLE II - A		
The mailing addre	ss and street address of th	e principal office of the Limited Liability Company is
Principal Office	Address:	Mailing Address:
5580 E. GRANT STE	REET	5580 E. GRANT STREET
ORLANDO, FL 328		ORLANDO, FL 32822
The Limited Liability C business entity with an	sumpany cannot serve as its own R active filorida registration i	ered Office, & Registered Agent's Signature: legetered Agent You must designate an individual or another the registered agent agent
The Limited Liability C business entity with an	Sompany cannot serve as its own R active Florida registration (Florida street address of t	legistered Apent. You must designate an individual or another
The Limited Liability C business entity with an	Sompany cannot serve as its own Ractive Florida registration (Florida street address of the NORBERTO FLETTES	legistered Apent. You must designate an individual or another
The Limited Liability C business entity with an	Sompany cannot serve as its own Ractive Florida registration (Florida street address of the NORBERTO FLETTES	tegetered Agent. You must designate an individual or another the registered agent are:
The Limited Liability C business entity with an	Empany cannot serve as its own Ractive Horida registration (Florida street address of the NORBERTO FLETTES	tegetered Agent. You must designate an individual or another the registered agent are:
The Limited Liability C business entity with an	Empany cannot serve as its own Ractive Horida registration (Florida street address of the NORBERTO FLETTES	he registered agent are: arne P.O. Box <u>NOT</u> acceptable) F1, 32822
The Limited Liability C business entity with an	Florida street address of the NORBER 10 FLEITES Some of the Street address of the South of the	he registered agent are: ame P.O. Box <u>NOT</u> acceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager MGR NORBERTO FLEITES 5580 E. GRANT STREET ORLANDO, FL 32822 (Use attachment if necessary) ARTICLE V: Other provisions, if any, REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member

Typed or printed name of signee

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.

NORBERTO FLETTES, MANAGER

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)