# L20000086410

(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



000339409740

01/21/20--01031--030 \*\*185.00

20 11 2 - 2 - 12 10: 27 All Advocation belock

D O'KEFFE MAR 2 4 2020

W20-15530



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2020

MARIANA MONAHAN DEBWAY CORPORATION 2343 W 76TH ST HIALEAH, FL 33016

SUBJECT: LANSERHAI LLC Ref. Number: W20000015530

We have received your document for LANSERHAI LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 520A00003343

2020 MAR -9 PM 2: 16

[]

27

www.sunbiz.org

### COVER LETTER

	ing Section 1 of Corporations	
SUBJECT:	LANSERHA	AL LLC
SOBJECT:	(Name of	Resulting Florida Limited Company)
		rticles of Organization, and fees are submitted to convert an "Othe d Liability Company" in accordance with s. 605.1045, F.S.
Please return al	l correspondence concer	ning this matter to:
	MARIANA MONAHA	AN
	(Contact Person)	
	DEBWAY CORPORAT	TON
	(Firm/Company)	
	2343 W 76th ST	
	(Address)	
	HIALEAH, FLORIDA 3	33016
	(City, State and Zip Cod	le)
	MARY@DEBWAYCORP	2.COM
E-mail Addres	s: (to be used for future annua	al report notifications)
For further info	rmation concerning this	matter, please call:
MARIA	NA MONAHAN	at (305)818-6353
(Name of	Contact Person)	(Area Code) (Daytime Telephone Number)
	neck for the following an wn on a bank located in t	mount: (All checks processed by this office must be payable in US the United States)
S150.00 Filing (\$25 for Conversion & \$125 for Article of Organization)	on and Certificate of	es S180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADD	ORESS:	MAILING ADDRESS:
New Filing Sec		New Filing Section
Division of Cor	•	Division of Corporations
Clifton Building	•	P. O. Box 6327 Tallahassee, FL 32314
2661 Executive Tallahassee, FL		rananassee, ft. 52514

## 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:  LanserHai International 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.)
(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)
11/29/2005
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  LANSERHAL 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 <u>14 th</u>	day of <i>JA</i>	NUARY	<u> </u>
Signature of Author	rized Represent:	ative of Lim	ited Liability Company:
Signature of Authori	zed Representation	ve:	IND
Printed Name: GESU	JALDO VITALE		Title: ALPTHORIZED MEMBER
Timed			
Sianaturo(s) an baha	of Other Rusin	nose Entity	[See below for required signature(s)]
signature(s) on bene	XL		(see seaso to require a signal and season)
Signature:	Chita)		
Printed Name: GESE	TENOLINATE \	<del></del>	Title: PRESIDENT
rinica Name. <u>32.93.</u>			
Signature:			
OriginatureROSAN	UNIA VITALIV		Title: VICE-PRESIDENT
ranited ivalile, <u>1898/31</u>	41474 4 1 1 7 4 L J		Title. Tell transfer
C:			
Signature:			Tide
rrinted Name:			Title:
Signature:		-	TPU
Printed Name:		<del></del>	Title:
•			
Signature:			Tr' 1
Printed Name:		<del></del>	Title:
Signature:			AV. 1
Printed Name:			Title:
<u>If Florida Corporati</u>			
Signature of Chairma			
If Directors or Office:	rs have not been s	elected, an Ir	corporator must sign.
<u>lf Florida General P</u>		<u>mited Liabil</u>	ity Partnership:
Signature of one Gen-	eral Partner.		
		mited Liabili	ty Limited Partnership:
Signatures of ALL G	eneral Partners.		
All others:			
Signature of an autho	rized person.		
•	•		
<u>Fees:</u>			

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LANSI	ERHALLLC		
		bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		principal office of the Limited Liability C	ompany is:
Principal Office Ac	ddress:	Mailing Address:	
2343 W 76th ST		2343 W 76th ST	
HIALEAH, FL 33016		HIALEAH, FL 33016	
(The Limited Liability Cor- business entity with an ac		red Office, & Registered Agent's Signation of the Registered Agent, You must designate an individual or another registered agent are:	
(The Limited Liability Cor- business entity with an ac	inpany cannot serve as its own Retive Florida registration.)  lorida street address of the	egistered Agent, You must designate an individual or ano	
(The Limited Liability Cor- business entity with an ac	inpany cannot serve as its own Retive Florida registration.)  Torida street address of the DEBWA	egistered Agent. You must designate an individual or ano ne registered agent are:	
(The Limited Liability Cor- business entity with an ac	inpany cannot serve as its own Retive Florida registration.)  lorida street address of the DEBWA	egistered Agent, You must designate an individual or ano ne-registered agent are:	
(The Limited Liability Cor- business entity with an ac	inpany cannot serve as its own Retive Florida registration.)  Torida street address of the DEBWA No. 2343	egistered Agent. You must designate an individual or anouse registered agent are:  ' CORPORATION  ume	
(The Limited Liability Cor- business entity with an ac	inpany cannot serve as its own Retive Florida registration.)  Torida street address of the DEBWA No. 2343	egistered Agent, You must designate an individual or anounce registered agent are:  CORPORATION time  W 76th ST P.O. Box NOT acceptable)  FL 33016	
(The Limited Liability Cor- business entity with an ac	inpany cannot serve as its own Retive Florida registration.)  lorida street address of the DEBWA No. 2343  Florida street address (I	egistered Agent, You must designate an individual or anounce registered agent are:  CORPORATION time  W 76th ST  P.O. Box NOT acceptable)	

(CONTINUED)

Registered Agent Signature (REQUIRED)

#### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	GESUALDO VITALE
AMBR	ROSANNA VITALE
<del></del>	
	<u> </u>
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	> Yello
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony

:

Typed or printed name of signce

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)

GESUALDO VITALE