L20000095095

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



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W20-24955



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 6, 2020

ROSA ELENA LEON 16132 NW 14TH COURT PEMBROKE PINES, FL 33028

SUBJECT: GALA SERVICES LLC Ref. Number: W20000024955

We have received your document for GALA SERVICES LLC and your check(s) totaling \$155.00. 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 document number of the name conflict is P19000040686.

Please return your document, along with a copy or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

COVER LETTER

10:	Division of C				
SUBJ	ECT:	GALA SER	VICES OF FLORI	DA LLO	
5020	2011	(Name of Res	ulting Florida Limit	led Con	npany)
			~		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:		
		ROSA ELENA LEON			
		(Contact Person)		-	
		(Firm/Company)		-	
	161	32 NW 14th COURT		_	
		(Address)			
	PEN	IBROKE PINES, FL 330	028		
		City, State and Zip Code)			
	ALFREDO	LEON77@GMAIL.COM	l	_	
E-m	nail Address: (to b	e used for future annual rep	port notifications)		
For fu	rther informatio	on concerning this mat	tter, please call:		
	ROSA ELEN	LEON	at (, 436-	0936
	(Name of Conta	ct Person)	- · · \ 	(Day	time Telephone Number)
		or the following amou a bank located in the U		rocess	ed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C 2415 I	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

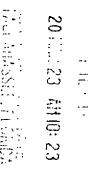
Into

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: GALA SERVICES 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)
on (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
GALA SERVICES OF FLORIDA LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 02/01/2020
(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 1st. day of FEBRUARY	20 <i><u>20</u></i> .			
Signature of Authorized Representative of Limi	ited Liability Company:			
Signature of Authorized Representative:	Title: MGR			
Signature(s) on behalf of Other Business Entity:				
Signature: Printed Name YENY ELIZABETH GARCIA				
Printed Name YENY ELIZABETH GARCIA	Title: PRESIDENT	_		
Signature:Printed Name:	Title:	_		
Signature:Printed Name:	Title	_		
Signature:Printed Name:	Title:	<u> </u>		
Signature:Printed Name:	Title:	<u> </u>		
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	corporator must sign.			
Signature of one General Partner.				
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	<u> </u>	2	
All others: Signature of an authorized person.		LLAHAS	20 :::: 23	
Fees:		COT.		LHED
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	LORIDA	<u>ላ</u> ሽ ነው፡ 23	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	me: Limited Liability Company is:		
	GALA SERVICES OF FL	ORIDA LLC	
(M	lust contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.";)
ARTICLE II - A The mailing addre	ddress: ess and street address of the pr	incipal office of the Limi	ited Liability Company is:
Principal Office	Address:	Mailing Address:	
720 S. FEDER	RAL HWY 8 COCONUT	720 S. FEDERAL HWY	8 COCONUT
	BEACH, FL 33009	HALLANDALE BEACH,	
	Florida street address of the r ROSA ELEN.	A LEON	
	Namo	2	
	16132 NW 14	th COURT	
	Florida street address (P.O	. Box <u>NOT</u> acceptable)	
	PEMBROKE PINES	FL 33028	
	City	Zip	
liability com registered agent statutes relatin	med as registered agent and to pany at the place designated in and agree to act in this capac by to the proper and complete p bligations of my position as reg Registered Agent's Sign	this certificate, I hereby on this certificate, I hereby on the series of the series o	accept the appointment as uply with the provisions of all and I am familiar with and
	(CONTIN	UED)	FIL 20 III. 23 Churchas IALLAHASSI

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			
MGR	YENY ELIZABETH GARCIA 720 S. FEDERAL HWY COCONUT 8		
	HALLANDALE BEACH 33009		
	1-1 2		
(Use attachment if necessary)			
(000 1111011111111111111111111111111111	FIL PASS		
	F* .		
ΓICLE V: Other provisions, if any.			
	<u> </u>		

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.

YENY ELIZABETH GARCIA

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)