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(Requestor's Name) (Address)	700342774787
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	1 (11 21- 11111 -113 ★★156.50 04/28/2001004019 ★★5.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
Office Use Only	2020 HAY 28 PH 6: 38
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April 28, 2020

GISELA GUIA CORCORAN 2492 BREWERTON LN ORLANDO, FL 32824

SUBJECT: D3A GUIA CLEANERS Ref. Number: W20000038153

We have received your document for D3A GUIA CLEANERS and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Keyna E Page Regulatory Specialist II

Letter Number: 520A00008805

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

1020 NP3 24 PH 2: 48

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April 16, 2020

GISELA GUIA CORCORAN 2492 BREWERTON LN ORLANDO, FL 32824

SUBJECT: D3A GUIA CLEANERS Ref. Number: W2000038153

We have received your document for D3A GUIA CLEANERS 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 entity must be active on our records.

PLEASE GIVE ME A GIVE ME A CALL 850-245-6293

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. Youmay wish to revise your document to include the name, address, and titleof such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by

one person acting as an authorized representative.

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.

Keyna E Page Regulatory Specialist II

Letter Number: 420A00008049

COVER LETTER

TO: **New Filing Section Division of Corporations**

SUBJECT: <u>D 3A GUIA CLEANERS</u> (Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

GISEIA GUIA CORLORAN (Firm/Company) 2492 Brewexton Ln (Address) Orlando FL 32824 (City. State and Zip Code) TEELUMOVIL@ Yahoo.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

<u>CINDY MENDEZ</u> at (<u>407</u>) <u>5912945</u> (Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)

Z\$155.00 Filing Fees and Certificate of Status

\$180.00 Filing Fees and Certified Copy

\$185.00 Filing Fees. Certified Copy, and Certificate of Status

Mailing Address:

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

Street Address: New Filing Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D BA ENTIN CLEANERS LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address: Principal Office Address: ORLANDO FL 32824 2492 BREWERTON IN ORLANDO FL 32824

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:

GISELA GUÍA CORCORAN 2492 BREWERTON Florida street address (P.O. Box NOT acceptable) ORLANDO FL 32824 City Zin

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. Thereby 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.,

Sam_

Registered Agent's Signature (REQUIRED)

(CONTINUED)





ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
	GR" Orlanda FL 32824
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
	1.
EXENTIAL SIGNATURE:	1. Martin
CLE V: Other provisions, if any. <u>REQUIRED</u> SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	2 3 3 3 3 3 3 3 3 3 3 3 3 3
CLE V: Other provisions, if any. <u>REQUIRED</u> SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	2 2 3 3 3 3 4 4 5 5 6 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7