# L20000184446

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Danis Albumba)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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		COVER LE	TER	· · · · · · · · · · · · · · · · · · ·
TO: New Filing Se Division of Co				
SUBJECT: ROMINA	PERAGINE PLLC			
		ulting Florida Limit	ed Com	pany)
		•		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this matter to:		
NAVINDRA MARAJ				
	(Contact Person)			
FILEYOURBUSINESS.	COM, INC.			
	(Firm/Company)			
6736 DUVAL AVENUE				
	(Address)			
WEST PALM BEACH, I	FL 33411			
(C	ity, State and Zip Code)			
ORDERS@FILEYOUR	BUSINESS.COM			
E-mail Address: (to be	used for future annual rep	ort notifications)		
For further informatio	on concerning this mat	ter, please call:		
NAVINDRA MARAJ		at ( <sup>561</sup>	708-5	690
(Name of Contac	et Person)	_ \	(Dayt	time Telephone Number)
	or the following amous a bank located in the U	-	rocess	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$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 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.

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 15TH	day of MAY	2020
Signature of Autho	rized Representative of Lin	nited Liability Company:
· · · •	DocuSigned	by:
Signature of Authori	zed Representative: Komita a. F NA PERAGINE BZE4D20858	L KANILL
Printed Name: ROMIN	IA PERAGINE B2E4D2D85E	EB41A Title: MANAGER
	•	
Signature(s) on beha	alf of Other Business Entity:	[See below for required signature(s)]
DocuSigned by:		•
Signature: Romin a Pri	CANIAL	
Printed Names BOME	A PERAGINE	Title: PRESIDENT (OFFICER)
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
		<del> </del>
Signature:		
Printed Name:		Title:
<del></del>		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corporati	ion:	
	n. Vice Chairman, Director, o	r Officer.
~	rs have not been selected, an I	
If Florida General P	artnership or Limited Liabi	lity Partnership:
Signature of one Gen		
~· <b>&amp;</b> ···································		
If Florida Limited P	artnership or Limited Liabi	lity Limited Partnership:
Signatures of ALL G		
ingilitares or <u>ITBB</u> O		
All others:		
Signature of an autho	rized person	
Signature or an addito	Tized percent	
Fees:		
<u>1 CCS.</u>		
Articles of C	antarrian:	\$25.00
		\$25.00
	ida Articles of Organization:	
Certified Cor		\$30.00 (Optional)
Certificate of	Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:			
	imited Liability Company	is:		
ROMINA PERAGIN	E PLLC			
(M	ust contain the words "Limited Lia	bility Company, "L.L.C.," or "ELC.")		
ARTICLE II - At The mailing addre		e principal office of the Limited Li	ability Company is:	
Principal Office	Address:	Mailing Address:		
19310 FALLGLO D	RIVE	19310 FALLGLO DRIVE		
ORLANDO, FLORIDA 32827		ORLANDO, FLORIDA 32827		
UNITED STATES		UNITED STATES		
The name and the	Florida street address of the ROMINA PERAGINE	ne registered agent are:		
	N:	ame		
	19310 FALLGLO DRIVE			
	Florida street address (I	Florida street address (P.O. Box <u>NOT</u> acceptable)		
ORLANDO		FL 32827		
	City	Zip		
liability comp registered agent statutes relatin	pany at the place designate and agree to act in this cap ig to the proper and comple	d to accept service of process for the din this certificate. I hereby accept pacity. I further agree to comply we te performance of my duties, and I registered agent as provided for in	the appointment as ith the provisions of all am familiar with and	

(CONTINUED)

Komina furagiu.

—82 Rogaistered Agent's 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 MGR	ROMINA PERAGINE			
WGK	19310 FALLGLO DRIVE			
	ORLANDO, FL 32827			
	OND 1100, 1 E 32327			
	<del></del>			
(Use attachment if necessary)				
ICLE V: Other provisions, if any.	ONAL LIMITED LIABILITY COMPANY IS ORGANIZED IS			
PERFORM PROFESSIONAL REAL ESTAT	· · · · · · · · · · · · · · · · · · ·			
2.11 0.107 1.107 200101112 1.12.12 201717				
REQUIRED SIGNATURE:				
DocuSigned by:				
Docusigned by:				
Romina Peragine				

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.

ROMINA PERAGINE

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)