# L2000186018

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(Ci	ty/State/Zip/Phone	#)
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Certified Copies	Certificates c	of Status
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Special Instructions to	Filing Officer:	
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

•			
B-More Arepas, LLO	С		
			Art of Inc. File
		-	LTD Partnership File
		-	Foreign Corp. File
		_	L.C. File
		-	Fictitious Name File
		-	Trade/Service Mark
			Merger File
		-	Att. of Amend. File
		-	RA Resignation
		-	Dissolution / Withdrawal
		-	Annual Report / Reinstatement
		-	Cert. Copy
		_	Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		<del></del>	Fictitious Owner Search
5.5			Vehicle Search
		<del>-</del>	Driving Record
Requested by: Seth	07/10/20		UCC 1 or 3 File
Name		Time	UCC 11 Search
ivallic	Date	THIC	UCC H Retrieval
Walk-In	•		Courier

#### **COVER LETTER**

TO:	New Filing S				
	Division of (	-			
SUBJ	ECT: B-More				
		(Name of Re	sulting Florida Lir	nited Co	mpany)
The en	nclosed Article ess Entity" into	es of Conversion, Artic o a "Florida Limited L	cles of Organiza iability Compa	ıtion, aı ny" in ε	nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please	return all corr	espondence concernir	ng this matter to	ı;	
Eileen	Pennington				
		(Contact Person)		_	
Blaloc	k Walters, P.A.				
		(Firm/Company)	, ,	<del></del> -	
802 11	Ith Street West				
		(Address)		_	
Brade	nton, Florida 342	205			
	(1	City, State and Zip Code)	·		
EPenn	ilngton@blalock	walters.com			
E-m	ail Address: (to b	e used for future annual re	port notifications)	_	
For fu	rther informati	on concerning this ma	tter, please call	:	
	w Staggs		at ( <sup>941</sup>		0100
	(Name of Conta	ct Person)		e) (Day	rtime Telephone Number)
Enclos dollars	ed is a check f and drawn on	or the following amou a bank located in the	nt: (All checks United States)	process	sed by this office must be payable in US
(\$25 for & <b>\$1</b> 25	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: B-More Arepas, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
07/08/2016 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
B-More Arepas, 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 locument's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
5. 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 f0 day of _July	20 20
Signature of Authorized Representative of Authorized	nited Liability Company:
Signature of Authorized Representative:	Title: Manager
Signature(s) on beliation Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: Federico Tischler	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	Tid.
Printed Name:	1 me;
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	misi
Printed Ivame:	11tle;
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
··, ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	<b>;</b>		
The name of the Limi	ted Liability Company	is:	
B-More Arepas, LLC			
	ontain the words "Limited Lia	bility Company, "L.L.C.," or "LLC	.")
ADTICLE II. Add.			
ARTICLE II - Addr The mailing address a		e principal office of the Lin	nited Liability Company is:
Principal Office Add	lress:	Mailing Address:	
271 Miracle Mile		271 Miracle Mile	
Coral Gables, Florida 3	3134	Coral Gables, Florida 3	3134
			<del></del>
	rida street address of thalock Walters, P.A./Mattl		_
	!Ni	ime	
	02 11th Street West	- <u>-</u>	_
F	Torida street address (F	P.O. Box NOT acceptable)	
Br	adenton	FL <sup>34205</sup> Zip	
	City	Zip	-
liability company registered agent and statutes relating to	at the place designated agree to act in this cap the proper and complet tions of my position as	l in this certificate, I hereby acity. I further agree to coi	mply with the provisions of al , and I am familiar with and

(CONTINUED)

	Federico Tischier 171 Miracle Mile Coral Gabies, Florida 33134
R	71 Miracle Mile
	71 Miracle Mile
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<u></u>	
<b></b> -	
7: Other provisions, if any.	
UIRED SIGNATURE:	
<u>OINED</u> SIGNATORS.	
Signature of a member or an auti	norized representative of a member tion 601.0203 (1) (b), Florida Statutes. I am awar
s document is executed in accordance with sec- false information submitted in a document to the	tion 601.0203 (1) (6), Frorida Statutes. I am award
provided for in s.817.155, F.S.	
adadaa Taablar Managar	1/1/1·
ederico Tischler, Manager	of inted name of signee
I VDed or i	Filing Fees

ARTICLE IV-