# L20000227552

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number)	)
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TO: New Filing Section Division of Corporations		•
·		
SUBJECT: SOLO3 ENTERPRISES LLC (Name of Res	sulting Florida Limi	ted Company)
The enclosed Articles of Conversion, Artic		
Business Entity" into a "Florida Limited Li	-	
Please return all correspondence concernin	g this matter to:	
ADRIEL SOLCEZANO		
(Contact (fers. in)		-
SOLO3 ENTERPRISES LLC		_
(Firm/Company)		
851 EAST 13TH ST		_
(Aoé ces)		
PIALEAH, FL 33013		
(City, State and Kip Code)		-
SOLO3ENTERPRISES@GMAIL.COM		
E-mail Address: (to be seed for finure annual re	port n (tificasi.ens)	
For further information exacerning this ma	•	
ADRIEL SOLORZANO	at ( 786	280-1201
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		processed by this office must be payable in
S150.00 Filing Fees (\$25 for Conversion & S125 for Articles of Organization)	□\$180.00 Filing and Certified Cop	
Mailing Address:  New Filing Section  Division of Corporations		Street Address: New Filing Section Division of Corporations The Control of Tallaharana
P.O. Box 6327 Fallahassee, FL 32314	•	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS1: (7/17)

Fallahassee, FL 32314

300 1800

# **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 follow **Other Business Entity** into a Florida Limited Liability Company in accordance with s.605.104 Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conv SOLO 3 ENTERPRISES CORP	ers
(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 bus	<u>:</u>
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or bus	ine
First organized, formed or incorporated under the laws of	-
(Enter state, or if a non-U.S. entity, the name of the	çoi
06/19/2020	
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organical Company and Organical Company as set forth in the attached Articles of Organical Company as set forth in the attached Articles of Organical Company as set forth in the attached Articles of Organical Company as set forth in the attached Articles of Organical Company as set forth in the attached Articles of Organical Company as set forth in the attached Articles of Organical Company as set forth in the attached Company as set forth in	gai
SOLO3 ENTERPRISES LLC	
(Enter Name of Florida Limited Liability Company)	í
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	d
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	list
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 which such members are entitled under ss. 605 1006 and 605 1061-605 1072. F.S.	e a

SECRETARY OF STATE, TALLAHASSEE, FIGURE,

Signed	this <u>7</u> day of <u>JULY</u>	2020
<u>Signatu</u>	ire of Authorized Representative of	Limited Liability Company:
Signatur Printed	re of Authorized Representative: Aa Name: ADRIEL SOLORZANO	Irisl Solorzano Title AMBR
		tity: [See below for required signature(s)]
Signatur	re: Harlina Solorzano	
Printed 1	Name: HARLINA SOLORZANO	Title: AMBR
Signatur	Abigail Solorzano	
Printed 1	Name: ABIGAIL SOLORZANO	Title: AMBR
Signatur Printed 3	re: Name:	Title:
Signatur	re:	Title:
Printed i	Name:	Title:
Signatur	re:	
Printed I	Name:	Title:
Signatur	····	
Printed I	Name:	Title:
Signatur If Direct	da Corporation: re of Chairman, Vice Chairman, Directors or Officers have not been selected.	an Incorporator must sign.
	da General Partnership or Limited L. re of one General Partner.	iability Partnership:
	da Limited Partnership or Limited L res of <u>ALL</u> General Partners.	iability Limited Partnership:
All othe Signatur	rs: re of an authorized person.	
Fees:		
F (	Articles of Conversion: Fees for Florida Articles of Organizat Certified Copy: Certificate of Status:	\$25.00 ion: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

ARTICLE I - Na	ime:	
The name of the L	Limited Liability Company is:	
SOLO3 ENTERPR	ISES LLC	
(7)	fust contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - A	ddress:	
_ :		rincipal office of the Limited Liability Com
_		
Principal Office	Address:	Mailing Address:
851 EAST 18TH S	Γ	851 EAST 18TH ST
HIALEAH, FL 3301	3	HIALEAH, FL 33013
(The Limited Liability (	Registered Agent, Registered Company cannot serve as its own Registration.)	f Office, & Registered Agent's Signature tered Agent. You must designate an individual or another
The name and the	Florida street address of the	registered agent are:
	ADRIEL SOLORZANO	
	Name	2
	851 EAST 18TH ST	
	Florida street address (P.O	. Box <u>NOT</u> acceptable)
	HIALEAH	FL 33013
	City	Zin

Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 60.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	ADRIEL SOLORZANO
	851 EAST 18TH ST
	HIALEAH, FL 33013
AMBR	HARLINA SOLORZANO
•	851 EAST 18TH ST
	HIALEAH, FL 33013
AMBR	ABIGAIL SOLORZANO
	851 EAST 18TH ST
	HIALEAH, FL 33013
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
AdrielSolorzano	
Signature of a member or	an authorized representative of a member

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 felon; as provided for in s.817.155, F.S.

ADRIEL SOLORZANO

Typed or printed name of signee

## Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Ag-\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional