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(F	Requestor's Name)	
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COVER LETTER

SLLC	
ing Florida Limitee	Company)
••	n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
his matter to:	
Especiale	5 L L C
ort notifications)	
er, please call:	
	474-5686
(Area Code)	(Daytime Telephone Number)
	ocessed by this office must be payable in US
	Gees S185.00 Filing Fees. Certified Copy, and Certificate of Status
-	Street Address:
	New Filing Section
	Division of Corporations The Centre of Tallahassee
	ort notifications) ort notifications)

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

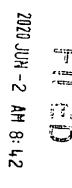
Tallahassee, FL 32314

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.

 The name of the "Other Business Entity" immediate MIGUEL'S CHURROSESPECIALES INC 	ely prior to the filing of the Articles of Conversion is:
(Enter Name of Other Busi	ness Entity)
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited	P 17000 0 70 175 partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws	
AUGUST 21, 2017	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Compan MIGUEL'S CHURROSESPECIALES LLC (Enter Name of Florida Limited Liability Companies)	y as set forth in the attached Articles of Organization: ability Company)
the date this document is filed by the Florida Depa Note: If the date inserted in this block does not meet the applica document's effective date on the Department of State's records. 5. The plan of conversion has been approved in accord 6. The "Converted or Other Business Entity" has agreed	ble statutory tiling requirements, this date will not be listed as the dance with all applicable statutes. I to pay any members having appraisal rights the amount to
4. If not effective on the date of filing, enter the effect (The effective date: Cannot be prior to date of rece the date this document is filed by the Florida Depa Note: If the date inserted in this block does not meet the applica document's effective date on the Department of State's records. 5. The plan of conversion has been approved in according to the plan of conversion has been approved in according to the plan of conversion has been approved in according to the plan of conversion has been approved in according to the plan of conversion has been approved in according to the plan of conversion has been approved in according to the plan of conversion has been approved in according to the plan of conversion has been approved in according to the plan of conversion has been approved in according to the plan of conversion has been approved in according to the plan of conversion has been approved in according to the plan of conversion has been approved in according to the plan of conversion has been approved in according to the plan of conversion has been approved in according to the plan of the plan of conversion has been approved in according to the plan of the	ipt or filed date nor more than 90 calendar days after the statutory filing requirements, this date will not be listed as the dance with all applicable statutes. Ito pay any members having appraisal rights the amount



Signed this 25 da	y of MAY	_ 20 <u>_ 2<i>0</i></u>
	I Representative of Limit	
Signature of Authorized	Representative: Wk	n steer
Printed Name: MIGUEL CA	ARDEROQUEVEDO	Title: PRESIDENT
Trined Fidine, May 4 4 4 5		Title, Title,
Signature(s) on behalf of	Other Business Entity: [See below for required signature(s)
Signature:		
Printed Name:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Simpture		
Printed Name:		Title:
11111001,101101		111101
Signature:		
Printed Name:		Title:
If Florida Corporation:		
	ice Chairman, Director, or	Officer
	ive not been selected, an In-	
	<u>iership or Limited Liabili</u>	ty Partnership:
Signature of one General	Partner.	
If Classida I instead Dage		Limitud Dantanaghia.
Signatures of ALL Gener	t <mark>ership or Limited Liabili</mark> al Partners	ty Limited Fartnership.
angiametre, or <u>retrie</u> creme.	ar rangers.	
All others:		
Signature of an authorize	d person.	
Fees:		
Articles of Conv	are i are	\$25.00
	ersion; Articles of Organization;	\$25.00 \$125.00
Certified Copy:	ratocies of Organización:	\$125.00 \$30.00 (Optional)
Certificate of Sta	due:	\$5.00 (Optional)
Certaiche of Gill	1831471	we con tochermany

ARTICLE IV-

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

<u>"itle:</u> VMDD" — Varbonia al Masabar	Name and Address:
AMBR" = Authorized Member MCP" = Manager	
MGR" = Manager MANAGER	MIGUEL CARDERO QUEVEDO
- WAR	8532 NW 35TH CT
	MIAMI FL 33147
	WID WIT 1 E 00 147
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary) .E V: Other provisions, if any.	
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.E V: Other provisions, if any.	
E V: Other provisions, if any.	
.E V: Other provisions, if any.	
.E V: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordar any false information submitted in a do	or an authorized representative of a member ace with section 605.0203 (1) (b), Florida Statutes. I am award cument to the Department of State constitutes a third degree (
EV: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	ice with section 605.0203 (1) (b), Florida Statutes. I am award
E V: Other provisions, if any. REQUIRED SIGNATURE: Was also Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S. MIGUEL CARDERO QUEVEDO	ice with section 605.0203 (1) (b), Florida Statutes. I am award cument to the Department of State constitutes a third degree f
E V: Other provisions, if any. REQUIRED SIGNATURE: Was also Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S. MIGUEL CARDERO QUEVEDO	ice with section 605.0203 (1) (b), Florida Statutes. I am award

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
MIGUEL'S CHURROS ESPECIALES LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8532 NW 35TH CT, MIAMI FL 33147	8532 NW 35TH CT, MIAMI FL 33147
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re-	gistered agent are:
MIGUEL CARDERO QUEVED	202 St. St.
Name	2020 JUN -
8532 NW 35TH CT	N N

Florida street addres	Florida street address (P.O. Box NOT acceptable)	
MIAMI	FL ³³¹⁴⁷	,
City	Zip	

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, I hereby 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)