# 

(Re	questor's Name)	1
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
Signature	<u> </u>	240743
J	Office Use O	



04/21/20--01022--005 \*\*150.00



#### **COVER LETTER**

Division of C	orporations			
UBJECT: APLI	ED BA SAN RON	AAN INC		
		sulting Florida Limited	I Com	pany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
lease return all corre	espondence concernin	g this matter to:		
Ma	aria J San Romar	1		
	(Contact Person)			
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)			
	7070 W 15 Ct (Address)			
His	aleah FL, 33014			
((	City, State and Zip Code)			
	roman@yahoo.c			
E-mail Address: (to b	e used for future annual re	port notifications)		
or further information	on concerning this ma	tter, please call:		
<u>Maria J San Ro</u>	man	_at ( <u>786</u> )		0 - 8982
(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the	•	ocess	ed by this office must be payable in US
¶\$150.00 Filing Fees 325 for Conversion . \$125 for Articles f Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fe and Certified Copy	ees	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add: New Filing S		_		Address: Filing Section
Division of C				on of Corporations
P.O. Box 632	-			entre of Tallahassee
Tallahassee, l	FL 32314	24	4151	N. Monroe Street, Suite 810

Tallahassee, FL 32303

O: New Filing Section

## **Articles of Conversion**

For

# "Other Business Entity"

Into

## Florida Limited Liability Company

he 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 tatutes.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Aplied Ba San Roman Inc	
(Enter Name of Other Business Entity)	
. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	<u> </u>
irst organized, formed or incorporated under the laws of Florida	
(Enter state, or if a non-U.S. entity, the name of the country)	
n	
(date of organization, formation or incorporation)	
. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
Aplied Ba San Roman LLC	
(Enter Name of Florida Limited Liability Company)	
. If not effective on the date of filing, enter the effective date: 03/20/2020	
The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after	
ne date this document is filed by the Florida Department of State.)  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the	
ocument's effective date on the Department of State's records.	
. The plan of conversion has been approved in accordance with all applicable statutes.	
. 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.	
2020 DEC - 1 <sub>4</sub>	

Signed this 4 day of December	20_20_
Signature of Authorized Representative of Limit	tot Liability Company:
Signature of Authorized Representative  Printed Name: 1970	Title: Resident
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: 1 Continuan	Title: President
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL 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: The name of the Limited Liability Company is:	
APLIED BA SAN RO  (Must contain the words "Limited Liability of the words)	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7070 W 15 Ct Hialeah FL, 33014	Maria J San Roman 7070 W 15 Ct Hialeah FL, 33014
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the reg	gistered agent are:
Maria J San	n Roman
Name	
7070 W 1	5 Ct
Florida street address (P.O.)	Box NOT acceptable)
Hialeah	FL 33014
City	Zip
liability company at the place designated in t registered agent and agree to act in this capacity	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S

(CONTINUED)

#### ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Maria_J San Roman
	7070 W 15 CT
	Hialeah FL, 33014
(Headtrahmant if navaccom)	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	2020 DEC
	+
REQUIRED SIGNATURE:	
	5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5
	<u> </u>

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 felony as provided for in s.817.155, F.S.

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)