# 120000393638

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700356845247

12/23/20--01001--020 \*\*180.00

LII. 1.3 60 523 8686

DZO DEC 22 AMIO: 5

ON B





## **Filing Cover Sheet**

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 12/22/2020 Trans#: 1171002

Entity Name: NEW CUBAN, INC. (FL) CONVERTING INTO NEW CUBAN, LLC (FL)

PLEASE RETURN:	
STATE FEES PREPAID WITH CHECK <u>#2041</u> FOR <u>\$180.00</u>	י יי ייייים קיר
Other ( )	
Reinstatement ( )	Withdrawal / Cancellation ( )
Limited Partnership ( )	Merger ( )
Foreign Qualification ( )	Limited Liability ( )
Conversion (XXX)	Fictitious Name ( )
Articles of Dissolution ( )	Annual Report ( )
Articles Incorporation ( )	Articles of Amendment ( )

Certified Copy (XXX) Plain Photocopy ( )

Good Standing ( ) Certificate of Fact ( )



Phone: 855-498-5500

## 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. PII-SUP 21
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: NEW CUBAN, INC
(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 business trust, etc.)
First organized formed or incorporated under the lowe of
(Enter state, or if a non-U.S. entity, the name of the country)
06/17/2011 0n
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:
NEW CUBAN, 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 document's effective date on the Department of State's records.
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 amount to which such members are entitled under as 605 1006 and 605 1061-605 1072. F.S.

Signed this 22 day of December	20_20
Signature of Authorized Representative of Lim	<del></del>
Signature of Authorized Representative: Printed Name: Nancy C. Andrade	und Nouse
Printed Name Name C Andrede	Title: Manager
Fillited Natile, Naticy C. Andrade	I III E. Ivianagei
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: // auc / Couper	
Printed Name: Nancy C. Andrade	Title: Treasurer
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Cimatura	
Signature: Printed Name:	Title
Tipaco (vaine)	Title.
Signature:	
Printed Name:	Title:
	<del></del>
Signature:Printed Name:	
Printed Name:	Title:
Irm II o	
If Florida Corporation:	Officer
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir	Officer.
If Directors of Officers have not been selected, an if	Reorporator trust sign.
If Florida General Partnership or Limited Liabil	ity Partnership:
Signature of one General Partner.	
<b></b>	
If Florida Limited Partnership or Limited Liabil	ity Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
A. Alada and Commercial and	\$25.00
Articles of Conversion: Fees for Florida Articles of Organization:	• • • •
	\$30.00 (Optional)
Certified Copy: Certificate of Status:	\$5.00 (Optional)
CERTIFICATE OF STRUES.	φυίου (Φριτοιιική

2020 DEC 22 AM 10: 51

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	** **		
The name of u	he Limited Liability Comp	iny is:	
NEW CUBAN,	LLC		
	(Must contain the words "Limite	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing ac		the principal office of the Limited Liability Compan	y is:
Principal Offi	ice Address:	Mailing Address:	
14040 SW 22 S	Street	14040 SW 22 Street	
	7.1. O O 1	14040 644 22 60 661	
Mieml, FL 3317	5	Mlami, FL 33175	
ARTICLE III (The Limited Liabil business entity with	5 I - Registered Agent, Reg	Mlami, FL 33175  stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another	
ARTICLE III (The Limited Liabil business entity with	I - Registered Agent, Reg lity Company cannot serve as its of than active Florida registration.) the Florida street address	Mlami, FL 33175  stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another	
ARTICLE III (The Limited Liabil business entity with	I - Registered Agent, Reg lity Company cannot serve as its of than active Florida registration.) the Florida street address	Mlami, FL 33175  stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another of the registered agent are:	
ARTICLE III (The Limited Liabil business entity with	I - Registered Agent, Reg lity Company cannot serve as its of than active Florida registration.) the Florida street address	Mlami, FL 33175  stered Office, & Registered Agent's Signature: In Registered Agent. You must designate on individual or another of the registered agent are: PORT SERVICES INC. Name	
ARTICLE III (The Limited Liabil business entity with	I - Registered Agent, Registry Company cannot serve as its orth an active Florida registration.)  the Florida street address  FLORIDA ANNUAL RI  2300 Coral Way, Suite	Mlami, FL 33175  stered Office, & Registered Agent's Signature: In Registered Agent. You must designate on individual or another of the registered agent are: PORT SERVICES INC. Name	
ARTICLE III (The Limited Liabil business entity with	I - Registered Agent, Registry Company cannot serve as its orth an active Florida registration.)  the Florida street address  FLORIDA ANNUAL RI  2300 Coral Way, Suite	Mlami, FL 33175  stered Office, & Registered Agent's Signature: In Registered Agent. You must designate on individual or another of the registered agent are: PORT SERVICES INC. Name	

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)

2020 DEC 22 AH 10: 51

### 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	Nancy C. Andrade
	14040 SW 22 Street
	Miami, FL 33175
MGR	Luis M. Andrade
	14040 SW 22 Street
	Miami, FL 33175
MGR	Vivian Williams
<del></del>	2300 Coral Way, Suite 200
	Miami, FL 33145
(Use attachment if necessary)	
CLE V: Other provisions, if any.	

REQUIRED SIGNATURE:

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 uny false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.317.155, F.S.

Nancy C. Andrade

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)

2020 DEC 22 AM 10: 51