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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer;	

Office Use Only



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D O'KEEFE DEC 23 2020



iM



November 13, 2020

JOHN JARAMILLO JOHN-SON USA 5215 NW 167 STREET MIAMI GARDENS, FL 33055

SUBJECT: JOHN-SON USA LLC Ref. Number: W20000130446

We have received your document for JOHN-SON USA LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked section in the Articles of Conversion. A signature is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 620A00022805

DANIEL L O'KEEFE Regulatory Specialist II

20/2 DEC - 1 PH 1: 0

## COVER LETTER

the same to

TO:	New Filing S Division of C					
CHID	JECT:	JOHN-SON US	A LLC			
SUB	JECI.	(Name of Res	ulting F	lorida Lim	ited Con	npany)
						d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	se return all corr	espondence concerning	g this r	matter to:		
	JC	OHN JARAMILLO				
		(Contact Person)			_	
	IOL	HN-SON USA LLC				
		(Firm/Company)			_	
	5215	NW 167 STREET				
-		(Address)		. <u>-</u>	_	
	N	MAMI GARDENS, FL 33	055			
		City, State and Zip Code)			_	
	jotas i	1025@yahoo.com				
E-	maii Add.es:: (to t	oe used for fut ire annual te	per not	nications)	_	
For f	urther informati	on concerning this ma	tter, pl	ease call:		
	JOHN JAR	AMILLO	at (	786	)	487-2979
	(Name of Conta	act Person)	_ `_	(Area Code	(Day	rtime Telephone Number)
		for the following amou a bank located in the		_	process	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	S155.00 Filing Fees and Certificate of Status		80.00 Filin Tertified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection Corporations 27			New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303

#### **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 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:  JOHN-SON USA CORP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
03/28/213
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  JOHN-SON USA (L. L. C.
(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 ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 21 day of OCTOBER	20		
Signature of Authorized Representative of Limi	ited Liability Company:		
Signature of Authorized Representative:			
Signature of Authorized Representative:  Printed Name: JOHN JARAMILLO	Title: PRES	_	
Signature(s) on behalf of Other Business Entity:			
		1/	
Signature: Sonia Gullery	<u> </u>	_/	
Signature: 5 onia 6 intervery Printed Name: SONIA GUTIERREZ	Title: VICE PRESIDENT	_ (	
Signature:Printed Name:		<del></del>	
Printed Name:	Title:	_	
C'			
Signature:Printed Name:	Title:	_	
ritined Name.	Title.	_	
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Signature:Printed Name:	Title	_	
Printed Name:	Title.	_	
If Florida Corpora <u>tion:</u>			
Signature of Chairman, Vice Chairman, Director, or	Officer.		
If Directors or Officers have not been selected, an In			
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:		
Signature of one General Partner.			
<u>If Florida Limited Partnership or Limited Liabili</u>	to Limited Dartnership		
Signatures of <u>ALL</u> General Partners.	ty Emmed Partnership.		
Signatures of <u>ITBE</u> General Farmers.			
All others:		<i>-</i> • .	
Signature of an authorized person.		<u>: -</u>	20
		<u> </u>	금
<u>Fees:</u>			C
			DEC -1 PH 5: 4
Articles of Conversion:	\$25.00	Ţ.,	<del>ري</del>
Fees for Florida Articles of Organization:	\$125.00	·	CΩ 
Certified Copy:	\$30.00 (Optional)	<u></u>	<u>-∵</u>
Certificate of Status:	\$5.00 (Optional)		<del></del>

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is	s:		
JOHN-SON USA LLC	F. C	I C P and C P	
(Must contain the words "Limited Liabi	lity Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the J	principal off	ice of the Limit	ed Liability Company is:
Principal Office Address:	Mailing	Address:	
5215 NW 157TH ST	8724 5	SUNSET DR 36	4
MIAMI GARDENS, FL 33055	MIAMI	GARDENS, FL	33055
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Reg	ed Office, &	Registered Ag	gent's Signature: n individual or another
business entity with an active Florida registration.)  The name and the Florida street address of the	registered a	gent are:	
		.go	
JOHN Nar	JARANILLO		
Ivai	IIC		
5215 NW 16	·	<u> </u>	
Florida street address (P.	O. Box <u>NO</u> 1		
	FL	33055 	
City		Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as referred Agent's Signature.	in this certificacity. I further performance egistered agreement agreement (RE)	icate, I hereby a er agree to comp re of my duties, a ent as provided j	ccept the appointment as ply with the provisions of all and I am familiar with and

#### ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager				
MGR	SONIA GUTIERRESX			
<del></del>	5215 NW 167TH ST			
	MIAMI GARDENS, FL 33055			
MGR	JOHN JARAMILLO			
	5215 NW 167TH ST			
	MIAMI GARDENS, FL 33055			
	<u> </u>			
(Use attachment if necessary)	DEC -1			
CLE V. Other manisions if any				
CLE V: Other provisions, if any.	<u> </u>			
	<u> </u>			

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 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)