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### COVER LETTER -

TO:	New Filing So Division of C					
	FI FNA \	VILLOLDO LLC				
SUBJ	ECT: ELENA \	(Name of Res	ulting Flonda Li	mited Con	npany)	
			_		d fees are submitted to convert coordance with s. 605,1045, F.5	
Please	e return all corre	espondence concerning	g this matter to	<b>o</b> :		
ELEN	A VILLOLDO CA	RPENTER				
		(Contact Person)		= <del></del>		
ELEN	A VILLOLDO LLO	C				
		(Firm/Company)				
1660	South Bayshore	Court #402				
		(Address)	, ,,,			
Miami	FL 33133					
	((	City, State and Zip Code)				
evcarp	penter@aol.com					
Е-п	nail Address: (to b	e used for future annual re	port notifications	<u>.)</u>		
For fu	irther informati	on concerning this ma	tter, please cal	1:		
Elena	V. Carpenter		_at ( <u>305</u>	,216-	1491	
	(Name of Conta	et Person)	(Area Co	de) (Day	time Telephone Number)	
		or the following amou a bank located in the			sed by this office must be payal	ole in US
(\$25 fc & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	■\$180.00 Fil and Certified C		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection forporations 7		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810	23 111 2:43

Tallahassee, 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.

ELENA VILLOLDO LLC  (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common	n law or business trust, etc.
First organized, formed or incorporated under the laws of	name of the country)
12/17/2003	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the <b>attached Artic</b> ELENA VILLOLDO LLC	cles of Organization:
(Enter Name of Florida Limited Liability Company)	
A = AC	
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 96 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 document's effective date on the Department of State's records.	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 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	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 98 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 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 apprais	will not be listed as the
(The effective date: Cannot be prior to date of receipt or filed date nor more than 96 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 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.	e will not be listed as the all rights the amount to
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Signed th	is 11 day of JANUARY	20		
Signatur	e of Authorized Representative of Lim	ited Liability Company:		
Signature	of Authorized Representative: Wa			
Printed N	ame: ELENA VILLOLDO CARPENTER	Title: MGR		•
Signatur	e(s) on behalf of Other Business Entity:	See below for required signature(s)		
Signature				
Printed N	nme: ALBERTO VILLOLDO	Title: MBR		
Signature	•			
Printed Na	une: ELENA VILLOLDO CARPENTER	Title: MBR		•
Signature				
Printed No	ime:	Title		
		,		
Printed Na	ıme;	Title:		
Signature: Printed No	ıme:	Tida		
Signature	ume:	Tr'.l		
rimed N	une	1 iue:		
<u>lf Florida</u>	Corporation:			
Signature If Directo	of Chairman, Vice Chairman, Director, or rs or Officers have not been selected, an In-	Officer.		
		•		
If Florid Signature	a General Partnership or Limited Liabili of one General Partner.	ty Partnership:		
<u>If Florid</u> Signatur	a Limited Partnership or Limited Liabili es of <u>ALL</u> General Partners.	tv Limited Partnership:	•	2021 JEN
All othe Signatu	rs: re of an authorized person.	·		JEN 2
Fees:	·			9
	Articles of Conversion:	PMC NA	*.	<u>고</u> :
	Fees for Florida Articles of Organization	\$25,00 \$125,00	1	Ÿ
	Certified Copy: Certificate of Status:	\$30.00 (Optional)	7.74	£
	or ourns,	\$5.00 (Optional)	t.	O'
				•

Signed this 11 day of JANUARY	20	
Signature of Authorized Representative of		
Signature of Authorized Representative:	Title: MGR	
Signature(s) on behalf of Other Business Ent	ity: [See below for required signature(s)]	
Signature:		
Signature:Printed Name: ALBERTO VILLOLDO	Title: MBR	
Signature: Wayte.		
Printed Name: ELENA VILLOLDO CARPENTER	Title: MBR	
Signature:		
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title	
rimed Name.	Truc.	
Signature:Printed Name:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Directo		
If Directors or Officers have not been selected.	an Incorporator must sign.	
If Florida General Partnership or Limited L	iability Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited L. Signatures of <u>ALL</u> General Partners.	iability Limited Partnership:	
All others: Signature of an authorized person.		
Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organizat		
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	any is:	
ELENA VILLOLDO LLC		
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
7440-7460 NW 8th Street	1660 South Bayshore Court #4	102
Miami FL 33126	Miami FL 33133	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of the company cannot serve as its own business entity with an active Florida registration.)	sn Registered Agent. You must designate an indiv	
UNIVERSE CONSULT	ANT INC	
	Name	
7466 NW 8TH STREET	г	
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	
MIAMI	FL 33126	
City	Zip	
registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position  Marily Registered Agent	cated in this certificate, I hereby accept capacity. I further agree to comply with a registered agent as provided for it is Signature (REQUIRED)	t the appointment as with the provisions of all am familiar with and on Chapter 605, F.S
(CO	NTINUED)	2: F5
		U)

A	R	<b>T</b> 'I	$\mathbf{C}$	L.F.	$1V_{-}$

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	FLENA VIII OLDO CARDENTED
MGR	ELENA VILLOLDO CARPENTER
	1660 SOUTH BAYSHORE COURT #402 MIAMI FL 33133
	MIAMI FL 33133
AMBR	ALBERTO VILLOLDO
	4835 SW 85 STREET
	MIAMI FL 33143
<del></del>	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or  This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes I am aware
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document of the second of the sec	an authorized representative of a member am aware with section 605.0203 (1) (b), Florida Statutes I am aware ment to the Department of State constitutes a third degree for
REQUIRED SIGNATURE:  Signature of a member or  This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes I am aware

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)