L21000154011

Capitol Sevulle
• (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



400363696644

04/08/21--01004--034 **180.00

21 APR-13 配 2:52

SCORE NAME OF STATE

2021 APR -8 AM 8: 02

4. 11/0/2

COVER LETTER >

Division of C	Corporations			
SUBJECT:	Beach	namundo Florida L	.LC	
30b3EC1	(Name of Res	ulting Florida Limit	ed Com	pany)
				I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
	Eduardo M. Soto, Es	sq.		
	(Contact Person)		-	
Weis	ss Serota Helfman Cole 8	& Bierman PL		
	(Firm/Company)		-	
252	5 Ponce de Leon Blvd, S	Suite 700		
	(Address)	_	-	
Со	ral Gables, FL 33134			
	City, State and Zip Code)		_	
	esoto@wsh-law.com			
E-mail Address: (to b	oe used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter, please call:		
Eduardo M. Soto		_at (854-0	0800
(Name of Cont	act Person)	(Area Code)	(Day	time Telephone Number)
	for the following amount a bank located in the		orocess	ed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185,00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27		New I Divisi The C 2415	Address: Filing Section on of Corporations fentre of Tallahassee N. Monroe Street, Suite 810

TO: New Filing Section



Filing Cover Sheet

To: Florida Division	of Cor	porations
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From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 4/8/2021

Trans#: 1194635

Entity Name: BEACHAMUNDO LLC (CA) CONVERTING INTO BEACHAMUNDO (FLORIDA LLC (FL)

	Articles incorporation ()	Articles of Amendment ()
	Articles of Dissolution ()	Annual Report ()
} }	Conversion (XXX) ₂	Fictitious Name ()
	Foreign Qualification ()	Limited Liability ()
	Limited Partnership ()	Merger ()
	Reinstatement ()	Withdrawal / Cancellation ()
	Other ()	
STAT	E FEES PREPAID WITH CHECK <u>#2169</u> FOR <u>\$180.00</u>	· 1
PLE/	ASE RETURN:	
Cert	tified Copy (XXX) Plain Stamped Copy	<i>(</i> ()
God	od Standing () Certificate of Fact ()	



April 9, 2021

CAPITOL SERVICES

SUBJECT: BEACHAMUNDO FLORIDA LLC

Ref. Number: W21000047644

We have received your document for BEACHAMUNDO FLORIDA LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Correct the spelling of the City in the Registered Agents address.

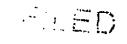
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan Regulatory Specialist III

Letter Number: 721A00007353

Please give original submission date of 4108/2021



2021 APR -8 AM 8: 02

SECRETARY OF STATE TALL REFUSEE, FL

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Beachamundo LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of California (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-O.S. entity, the name of the country)
April 21, 2007
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
Beachamundo Florida 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 ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 7th day of April	20_21
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Title: Authorized Representative
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: Eduardo M. Soto	
Signature: Printed Name: Eduardo M. Soto	Title: Authorized Representative
Signatura:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	Off
Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	ty ratinership.
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	
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:

Beachamundo F	lorida LLC	
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
1220 Rosecrans Street	5601 S. Padre Island Drive	
#204	D#-204	
San Diego, CA 92106	Corpus Cristi, TX 78412	_ _
Weiss Serota Helfman C	ole & Bierman, PL Name	2021 APR -8 SECRETARY TALLAHAS
2525 Ponce de Leon Blv	d, Suite 700	音字 臺
Florida street address	(P.O. Box NOT acceptable)	8: 02 - STATI L, FL
Coral Gables	FL 33134	OZ
City	Zip	
Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constantes relating to the proper and compacted the obligations of my position of the proper and compacted the obligations of the proper and compacted th	ted in this certificate, I hereby accept capacity. I further agree to comply w plete performance of my duties, and I	t the appointment as with the provisions of a familiar with and

(CONTINUED)

ARTICLE IV-

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

Name and Address:	
1220 Rosecran St., #204	
San Diego, CA 92106	
Tobi P. Taubman	
1220 Rosecran St., #204	
San Diego, CA 92106	
	
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	Andrew B. Taubman 1220 Rosecran St., #204 San Diego, CA 92106 Tobi P. Taubman 1220 Rosecran St., #204

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

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.

Eduardo M. Soto, Esq.

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)