# LZ1000154337

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Ellity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·
W210000 33610
William

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2021

RUBEN CONITZER 1395 BRICKELL AVE STE 700 MIAMI, FL 33131

SUBJECT: RUBEN CONITZER LLC Ref. Number: W21000033610

We have received your document for RUBEN CONITZER LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filling its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filling.

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.

Matthew T Moon Regulatory Specialist II Supervisor

Letter Number: 421A00005310

2021 MAR 26 AM 4: 29

### **COVER LETTER**

TO:	New Filing S Division of C						
CLID	Ruben (	Conitzer LLC					
SOR	JECT:	(Name of Re	sulting Florida Lin	nited Cor	mpany)		
		_	_		nd fees are submitted taccordance with s. 605		n "Othe
Please	e return all corr	espondence concernin	g this matter to	•			
Ruber	n Conitzer						29
c/o Jo	hana Lleo	(Contact Person)		_			2021 HAR 26
1395	Brickell Avenue,	(Firm/Company) Suite 700		<del></del>		Trouvisce (	
Miami	, FL 33131	(Address)	•	_		. ·	PM 2: 49
rconit	(0 zer@gmail.com	City, State and Zip Code)		_		•••	Φ
E-n	nail Address: (to b	e used for future annual re	port notifications)	_			
For fu	rther informati	on concerning this ma	tter, please call	:			
Ruber	Conitzer		786 at (	300- )	2074		
	(Name of Conta	ct Person)		e) (Day	ytime Telephone Number)		
		or the following amou a bank located in the	•	proces	sed by this office mus	t be payable	in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filin and Certified Co		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
	Mailing Adda New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Sui hassee, FL 32303	ite 810	

# 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:
(Enter Name of Other Business Entity)
corporation
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  Florida
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
January 4, 2016
• •
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Ruben Conitzer LLC
(Enter Name of Florida Limited Liability Company)  February 1, 2021  4. If not effective on the date of filing, enter the effective date:
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 14 day of January	20
Signature of Authorized Representative	of Limited Liability Company:
Signature of Authorized Representative: _	
Printed Name: Ruben Confizer	Title: Member
Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s)]
Signature: Kulen Conitry	
Printed Name: Rubert Contrates Contr	Title: Pres.
Cimatura	
Printed Name:	Title:
Timed I dame.	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	90.1
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Dire	
If Directors or Officers have not been selecte	d, an incorporator must sign.
If Florida General Partnership or Limited	Liability Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

2021 MAR 26 PH 2: 49

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	ame:		
	Limited Liability Com	npany is:	
Ruben Conitzer LL			
4)	Must contain the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addr		of the principal office of the Limite	ed Liability Company is:
Principal Office	Address:	Mailing Address:	
1395 Brickell Aven	ue, Suite 700	1395 Brickell Avenue, Suite	e 700
Miami, FL 33131	·	Miami, FL 33131	
The name and the			
The name and the	Florida street address  Johana Lleo  1395 Brickell Avenue	Name  Suite 700	
The name and the	Johana Lleo 1395 Brickell Avenue	Name	
The name and the	Johana Lleo 1395 Brickell Avenue	Name	
The name and the	Johana Lleo  1395 Brickell Avenue Florida street addre	Name  o. Suite 700  ess (P.O. Box <u>NOT</u> acceptable)  33131	

<u>litle:</u>	Name and Address:		
AMBR" = Authorized Member			
MGR" = Manager MGR	Ruben Conitzer P.O. Box 398715		
	Miami Beach, FL 33239		
<del></del>			
	12.		
Use attachment if necessary)			
E V: Other provisions, if any.			
EQUIRED SIGNATURE:			
	ben (outrer		
	DB928£56DO5495		
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 awa ment to the Department of State constitutes a third degree		
·			
Ruben Conitzer	ped or printed name of signee		