LZ1000181365

(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:
W2100063631

Office Use Only



100362889331

04/05/21--01033--016 **155.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2021

LUIS E MELENDEZ 917 HYLAND SPRINGS DR OCOEE. FL 34761

SUBJECT: L&R MULTI SOLUTIONS, LLC

Ref. Number: W21000063631

We have received your document for L&R MULTI SOLUTIONS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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: 621A00009699

COVER LETTER

	New Filing S Division of G	Section Corporations				
SURIF	CT. L&R MU	JLTI SOLUTIONS, LLC				
O C DATE		(Name of Re	sulting Florida L	imited Co	ompany)	
The enc Busines	closed Articless Entity" int	es of Conversion, Artic o a "Florida Limited L	eles of Organi iability Comp	zation, a any" in	and fees are submitted to accordance with s. 605.	convert an "Other 1045, F.S.
Please r	eturn all con	respondence concernin	g this matter	0:		
LUIS E.	MELENDEZ					
	···	(Contact Person)				
L&R MU	ILTI SOLUTIC	DNS				
		(Firm/Company)	·			
917 HYL	AND SPRING	GS DRIVE				5. 18
_		(Address)	<u> </u>			2021 MAY 28 AM 6: 09
OCOFF	, FLORIDA 34					
						
LEMELE	י NDEZ@HOT	City, State and Zip Code) MAIL COM				3
						70 0
1.*(1141)	n Mauress, (10-1	be used for future annual re	port notification	s)		9
For furtl	her informati	ion concerning this ma	tter, please ca	11:		
LUIS E.	MELENDEZ	_	_at ()227	-4623	
(Name of Conta	act Person)		de) (Da	rytime Telephone Number)	_
Enclosed dollars a	d is a check to and drawn on	for the following amou a bank located in the	nt: (All check United States)	s proces	ssed by this office must	be payable in US
(\$25 for C	Conversion or Articles	\$155.00 Filing Fees and Certificate of Status	□S180.00 Fil and Certified (ing Fees Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Г	Mailing Add New Filing S Division of C P.O. Box 632	ection orporations		New Divis	et Address: Filing Section sion of Corporations Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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 Stanutes.

(Enter Name of Other Busi	ness 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 laws	FLORIDA
•	(Enter state, or if a non-U.S. entity, the name of the country)
01/10/2019 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company	y as set forth in the attached Articles of Organization:
L&R MULTI SOLUTIONS, LLC	
(Enter Name of Florida Limited Liab	pility Company)
4. If not effective on the date of filing, enter the effect	3/24/2020 ive date:
(The effective date: Cannot be prior to date of received the date of indicate and in State of the date	pt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Depar Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	tment of State.) le statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in accord-	ance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to which such members are entitled under ss. 605,1006 a	to pay any members having appraisal rights the amount to aid 605.1061-605.1072, F.S.
P1900005643	2021 HAY

Signed this 24	day of MARCH	20 21
Signature of Auth	norized Representative of Li	mited Liability Company:
Signature of Autho	orized Representative:	
Printed Name: LUIS	orized Representative: E. MELENDEZ	Title: PRESIDENT
		: [See below for required signature(s)]
Signature:	h	
Printed Name: Zeg	is t. Melendez	Title: President
Signature:		
Printed Name:		Title:
Printed Name:		Title:
Printed Name:		Title:
Printed Name:		Title:
Printed Name:		Title:
If Florida Corpora		
Signature of Chairm	ian. Vice Chairman. Director, c	r Officer.
If Directors or Offic	ers have not been selected, an l	ncorporator must sign.
<u>If Florida General</u>	Partnership or Limited Liabi	lity Partnership:
Signature of one Ge	neral Partner.	
If Florida Limited	Partnership or Limited Liabi	lity Limited Partnershin:
Signatures of ALL (General Partners.	
All others:		
Signature of an auth-	orized 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: ALLAHASSE TO SHEET

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compar	ny is:
L&R MULTI SOLUTIONS, LLC	
(Must contain the words "Limited I	Liability Company, "L.I.,C.," or "LI,C.")
ARTICLE II - Address:	
The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
917 HYLAND SPRINGS DRIVE	917 HYLAND SPRINGS DRIVE
OCOEE, FLORIDA 34761	OCOEE, FLORIDA 34761
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
LUIS E. MELENDEZ	
ì	Name
917 HYLAND SPRINGS	DRIVE
Florida street address	(P.O. Box NOT acceptable)
OCOEE	FL_ ³⁴⁷⁶¹
City	Zip
liability company at the place designat registered agent and agree to act in this co statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate. I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S.,
	Signature (REQUIRED) TINUED) TINUED

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
P = PRESIDENT	LUIS E. MELENDEZ
	917 HYLAND SPRINGS DRIVE
	OCOEE, FLORIDA 34761
	
	<u></u>
Use attachment if necessary)	ASS
•	لس ^{ار} دناس
	He:
LE V: Other provisions, if any.	E, FLORID
REQUIRED SIGNATURE:	\mathcal{N}
APACIMED MODEL OKES	_//
	
	//)
Signature of a member or :	an authorized representative of a member
inis document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware tha
any false information submitted in a document	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware tha nent to the Department of State constitutes a third degree felon
any false information submitted in a docume as provided for in s.817.155, F.S.	With section 605 0703 (1) (b) Florida Statutus Lam account
any false information submitted in a docum as provided for in s.817,155, F.S. LUIS E. MELENDEZ	with section 605.0203 (1) (b), Florida Statutes, I am aware tha nent to the Department of State constitutes a third degree felon
any false information submitted in a docum as provided for in s.817,155, F.S. LUIS E. MELENDEZ	With section 605 0703 (1) (b) Florida Statutus Lam account