12-1000271684

(Re	equestor's Name)	
(Ác	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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T. SCOTT



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SECRETARY OF STATE

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COVER LETTER

TO: New Filing Section , Division of Corporations	
SUBJECT: At + routive essence (Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	Othei
Please return all correspondence concerning this matter to:	
Jazmine Pena (Contact Person)	
Att Cactive CSSCOCE (Firm/Company)	
11455 SW 40th St #272	
Micmi, FL 33165 (City, State and Zip Code)	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (786) 541 - 21799 (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount: (All checks processed by this office must be payable in dollars and drawn on a bank located in the United States)	US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status	
Mailing Address: Street Address:	
New Filing Section Division of Corporations New Filing Section Division of Corporations	
P.O. Box 6327 The 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 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)
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 Flaid (Enter state, or if a non-U.S. entity, the name of the country)
on 81500 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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.

THE TOTAL AMIL: 43

Signed this day of	20
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Common Order	Title: president
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Assimi Min	
Signature: Min Nice Printed Name: Demine Pena	Title: Prosident
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:		
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited L	Liability Company is:
Principal Office Address:	Mailing Address:	
8350 Dw 52nd Ter Suite 301 #1006 Micani, FL 33166	11455 SW40+7 Migmi, FL3	151 H 2712 13165
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent are indicated Agent. You must designate an indicated Agent.	's Signature: vidual or another
The name and the Florida street address of the re	egistered agent are:	
	Pena_	
Florida street address (P.O.	Box NOT acceptable)	
Micmi	FL 33165 Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete particles accept the obligations of my position as regional forms.	this certificate, I hereby accept ty. I further agree to comply w erformance of my duties, and I	t the appointment as with the provisions of all am familiar with and
Registered Agent's Signa	iture (REQUIRED)	
(CONTINU	(ED)	2121 JUN 21

ARTICLE IV-

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

A MICH A A HINDER PAR AMERINAL	
"AMBR" = Authorized Member	
"MGR" = Manager	Jazmine Pena
ASAC SOCIET	11455 SW 40+bs; #D75
	Miami, FL 33165
	MACAINI IL STIET
(Heapttachment if necessary)	
(Use attachment if necessary)	
(Ose attachment if necessary)	
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CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	7 -
CLE V: Other provisions, if any.	- M
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	- Ma
REQUIRED SIGNATURE:	- j. no
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	- j. n

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)