# L21000294882

(Re	equestor's Name)	
(Ad	ddress)	
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(C	ity/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	-

Office Use Only

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## **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: SCATE COLLC (Name of Resulting Florida Limited Company)		
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to converge Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045.	ert an F.S.	"Other
Please return all correspondence concerning this matter to:		
Scalettera (Contact Person)  Scalettera  (Firm/Company)	±-  	2021 JUN 2 I
11455 Sw 40+hst #272 (Address)	<u> </u>	UH 21 FF
City, State and Zip Code)  Common Pence Quarto Com  E-mail Address: (to be used for future annual report notifications)		¥ 4: 15
For further information concerning this matter, please call:		
Enclosed is a check for the following amount: (All checks processed by this office must be pay dollars and drawn on a bank located in the United States)	yable	in US
\$150.00 Filing Fees (\$25 for Conversion & Status Status  \$180.00 Filing Fees and Certified Copy & Status  \$180.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status		
Mailing Address:  New Filing Section  Street Address:  New Filing Section		

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

# **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 Conv	version i	s:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a	aw or bus	siness trus	st, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the na			
on 7/16/20 (date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Article	es of Or	rganizat	ion:
(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 of 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 we 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	rights the	ho amou Mol 21 July 21 P	nt to
		=======================================	n eg

\$5.00 (Optional)

Certificate of Status:

2021 JUN 21 FF 4: 1

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

SCATE + + ETCL LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8350 NW 51nd TCT Scite 301 #1006 Miami, FL 33166	11455 SW 40+h St 77272 Michani, FL 33165
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's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	Pena 2021 JUH 2
Florida street address (P.O.	Box NOT acceptable)
M. Om. City	FL 33165

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

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

Jacmine Pena 11455 Swychn St # 27 Miamir FL, 3316s
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202
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norized representative of a member tion 605.0203 (1) (b), Florida Statutes. I am aware the Department of State constitutes a third degree fel
;

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)