# 21000316771

(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:

M31000 JPG8

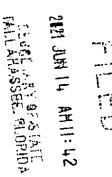
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T. SCOTT



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2021

CARLOS JOSE ALVAREZ 959 PASEO CASTALLA WEST PALM BEACH, FL 33405

SUBJECT: NANA ALESM LLC Ref. Number: W21000076684

FILM

We have received your document for NANA LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Conversion must be sign.,

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 921A00011348

The Documents sent in this package pertain to

The Documents sent in this package pertain to

"MANA FILM LLC. I recieved another package for

"NANA ALBUM LLC" which I

significantly back. Thanks!

Significant seguing and sending back. Thanks!

Am also seguing and sending back.

www.sunbiz.org

#### **COVER LETTER**

TO:	New Filing S Division of C					
SUB.	JECT: NANA FI	LM LLC				
	<u> </u>		sulting Florida L	imited Cor	mpany)	
The e	enclosed Article ness Entity" into	s of Conversion, Artic o a "Florida Limited L	les of Organiz iability Compa	zation, an any" in a	nd fees are submitted to conver accordance with s. 605.1045, F	t an "Othei .S.
Pleas	e return all corr	espondence concernin	g this matter t	o:		
CARL	.OS JOSE ALVA	REZ				
		(Contact Person)		<del>_</del>		
-		(Firm/Company)		<del></del>		
959 P	PASEO CASTALL					
		(Address)				
WES	T PALM BEACH,	FL 33405				
	(0	City, State and Zip Code)		<del></del>		
CON	GALOS@GMAIL.	.COM				
E-	mail Address: (to b	e used for future annual re	port notifications	<u>s)</u>		
For fi	urther informati	on concerning this ma	tter, please ca	11:		
CARL	OS ALVAREZ		_at ( <u>818</u>	912-	0321	
	(Name of Conta	ct Person)	(Area Co	de) (Day	ytime Telephone Number)	
Enclo dollar	osed is a check f rs and drawn on	for the following amou	int: (All check United States)	s proces:	sed by this office must be paya	able in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fil and Certified (		S185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection forporations 7		New Divis The C 2415	et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	

#### **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.

147	ANA FILM 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.)
Fir	rst organized, formed or incorporated under the laws of	
on	10/20/2016	
OII	(date of organization, formation or incorporation)	
	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizati  ANA FILM LLC	on:
_	(Enter Name of Florida Limited Liability Company)	
(Ti the <u>No</u>	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 a see date this document is filed by the Florida Department of State.)  Dete: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a comment's effective date on the Department of State's records.	
(T) the Not doo	The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days a see date this document is filed by the Florida Department of State.)  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the	

	Signed this 15TH day of APRIL	20
	Signature of Authorized Representative of Lim	ited Liability Company:
_	Signature of Authorized Representative:	
	Printed Name: CARLOS ALVAREZ	Title: MANAGER
		This.
	Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
	Signature:	
	Printed Name: CARINI Jose AIVA	ROTitle: NANAGER
	Signature:	
	Signature:Printed Name:	Title
		TRIC.
	Signature:	
	Printed Name:	Title:
	Signature:	
	Signature:Printed Name:	Title:
	Signature:Printed Name:	Tiela
	Timed (vanie,	True:
	Signature:	
	Printed Name:	Title:
	If Florida Corporation:	
	Signature of Chairman, Vice Chairman, Director, or	Officer.
	If Directors or Officers have not been selected, an In	corporator must sign.
	If Florida General Partnership or Limited Liabili	tr. Douts and :-
	Signature of one General Partner.	ty Fartnership:
	B	
	If Florida Limited Partnership or Limited Liabili	ty Limited Partnershin:
	Signatures of ALL General Partners.	
	All others:	
	Signature of an authorized person.	
	Fees:	
	1.003.	
	Articles of Conversion:	\$25.00
	Fees for Florida Articles of Organization:	\$125.00
	Certified Copy:	\$30.00 (Optional)
	Certificate of Status:	\$5.00 (Optional)
		• • /

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
NANA FILM LLC		
(Must contain the words "Limited Liability C	ompany, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the principa	l office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
959 Paseo Castalla	959 Paseo Castalla	
West Palm Beach, FL 33405	West Palm Beach, FL 33405	_
		<del></del>
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its own Registern business entity with an active Florida registration.)	ce, & Registered Agent's Signature: ed Agent. You must designate an individual or and	other
The name and the Florida street address of the register	red agent are:	
CARLOS JOSE ALVARE	Z	
Nam	ie.	
959 Pasco Castalla		
Florida street address (P	O. Box NOT acceptable)	
West Palm Beach	FL 33405	
City	Zip	
Having been named as registered agent and to accept place designated in this certificate, I hereby accept th further agree to comply with the provisions of all status am familiar with and accept the obligations of my  Registered Ag	e appointment as registered agent and agr les relating to the proper and complete perj	ee to act in this capacity. I formance of my duties, and I

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MGR	CARLOS JOSE ALVAREZ
	959 Paseo Castalla
	West Palm Beach, FL 33405
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
ICLE V: Effective date, if other than effective date is listed, the date mus after the date of filing.)	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days prior to or 90 cal
ICLE VI: Other provisions, if any.	
	$C_0 \cap C_{M-1}$

that the facts stated herein are true. 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.)

## CARLOS JOSE ALVAREZ Typed or printed name of signee

#### Filing Fees:



1, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:

NANA FILM LLC

File Number:

201630110074

Registration Date:

10/20/2016

**Entity Type:** 

DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction:

**CALIFORNIA** 

Status:

ACTIVE (GOOD STANDING)

As of April 14, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 15, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: ZQ9NAAZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <a href="mailto:bebizfile.sos.ca.gov/certification/index">bebizfile.sos.ca.gov/certification/index</a>.