# L21000321049

(Requestor's Name)
(Address)
(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:

Office Use Only



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#### **COVER LETTER**

то:	New Filing S Division of C					
SLIRIE	ECT. LONGO	INTERNATIONAL LLC				
50051		(Name of Res	sulting Florida Lim	ited Cor	mpany)	_
			_		nd fees are submitted to accordance with s. 605.	
Please	return all corr	espondence concernin	g this matter to:			
Proces	sing Departme	nt				7291 JUL 13
	•	(Contact Person)		_		<u>س</u> ــــــــــــــــــــــــــــــــــــ
MyCorp	poration Busine	ess Services Inc.				-
-		(Firm/Company)		_		( 70
26025	Mureau Road S	Suite 120				PH 3: 33
		(Address)		_		မှာ ယ
Calaba	sas, CA 91302					ယ
	(	City. State and Zip Code)		_		
E-ma	ail Address: (to b	pe used for future annual re	port notifications)	_		
For fur	ther informati	on concerning this ma	tter, please call:			
Proces	sing Departme	nt	at ( 877	) 692-	-6772	٠
	(Name of Conta	ect Person)		(Da	ytime Telephone Number)	_
		for the following amou a bank located in the		proces	sed by this office must	be payable in US
(\$25 for	for Articles	☐S155.00 Filing Fees and Certificate of Status	□S180.00 Filin and Certified Co		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection Corporations 27		New Divis The C	et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suit	e 810

Tallahassee, 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Longo International LLC
(Enter Name of Other Business Entity)
The "Other Business Entity" is a Limited Liability Company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
O6/10/2021 On
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Longo International LLC
(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 Eling 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 Standay of July	20_2/
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: Alessandro Longo	Title: Member
Signature(s) on behalf of Other Business Entity:	
Signature:	
Signature: Printed Name: Alessandro Longo	Title: Member
Signatura	
Signature:Printed Name:	Title:
Signature:	Tide
Printed Name:	riue:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Títle:
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
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:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	ame.		
	Limited Liability Compan	y is:	
	5 Jahna	antinum (1.0	
4)	Must contain the words "Limited L	national LLC iability Company, "L.L.C.," r	or "LLC.")
ARTICLE II - A The mailing addr		ne principal office of the	he Limited Liability Company is:
Principal Office	Address:	Mailing Addre	<u>ss:</u>
9180 rue de Sicile			
Montreal, Quebec	H1R3X7 Canada		
(The Limited Liability business entity with a	Registered Agent, Regist Company cannot serve as its own a active Florida registration.) e Florida street address of	Registered Agent. You must o	•
	Legalino Corporate Servi		
	Г	Name	
	5237 Summerlin Commo		
	Florida street address	(P.O. Box <u>NOT</u> accep	table)
	Fort Myers	FL 33907	
:	City	Zip	<del></del>
liability con registered agen statutes relati	npany at the place designated and agree to act in this coing to the proper and compobligations of my position of the latest age.	ed in this certificate, I i apacity. I further agred lete performance of my	
			, pr
	(CON	TINUED)	· [ ]

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Alessandro Longo 9180 rue de Sicile		
	Montreal, Quebec H1R3X7 Canada		
<del></del>			
	<del></del>		
(Use attachment if necessary)			
	*** <sub>1</sub>		
CLE V: Other provisions, if any.			
·			
REQUIRED SIGNATURE: -			
REQUIRED SIGNATURE:			
REQUIRED SIGNATURE:			
REQUIRED SIGNATURE:			
Signature of a member or	an authorized representative of a member		
Signature of a member or This document is executed in accordance	with section 605,0203 (1) (b), Florida Statutes, I am aware that		
Signature of a member or This document is executed in accordance any false information submitted in a docu	with section 605,0203 (1) (b), Florida Statutes, I am aware that		
Signature of a member or This document is executed in accordance	with section 605,0203 (1) (b), Florida Statutes, I am aware that		
Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felon		

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)