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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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7/03/21



1/12

COVER LETTER

Division of Corporations				
SUBJECT: 628665 PROPERTIES, LLC				
(Name of Res	ulting Florida Li	mited Con	ърапу)	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li				
Please return all correspondence concerning	g this matter to):		
Wilfrido L Peinado				
(Contact Person)				
APA MANAGEMENT GROUP, LLC				
(Firm/Company)				
125 REMOUNT RD C-1 PMB 2030				
(Address)				
CHARLOTTE NC 28203				
(City, State and Zip Code)				
INFO@REMIPRO.COM				
E-mail Address: (to be used for future annual re	port notifications	;)		
For further information concerning this ma	tter, please cal	1:		
WILL PEINADO	_at (_\ 839-	5414	
(Name of Contact Person)	(Area Co	de) (Day	time Telephone Number)	
Enclosed is a check for the following amou dollars and drawn on a bank located in the		-	sed by this office must be pay	yable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{align*} \$155.00 Filing Fees and Certificate of Status	S180.00 Fill and Certified C			69
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 bassee, FL 32303	

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.

APA MANAGEMENT GROUP LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(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)
01/27/2020 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:
628665 PROPERTIES, 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 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.
₹ <i>9</i>

Signed this 18th day of July	20.21
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: US	Title: Manager
Signature(s) on behalf of Other Business Entity:	
Signature: Wilds I Pendo	
Printed Name: Wilfrido L Peinado I	Title: Manager
Signature: Thun adv	
Printed Name: Drialys Peinado	Title: Manager
Signature:Printed Name:	The
Signature:Printed Name:	Title:
Signature: 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 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: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

\$125.00 \$30.00 (Optional) \$5.00 (Optional) (:)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
CORCCE BRODERIES ALO	
628665 PROPERTIES, LLC (Must contain the words "Limited Liability	(Company "L.I.C." or "LI.C.")
(Sinned Entitle)	company. E.E.C., or Egg.)
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
250 95th Street Unit 546094	250 95th Street Unit 546094
Surfside, FL 33154	Surfside, FL 33154
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrations) business entity with an active Florida registration.)	rred Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Wilfrido Peinado P.A.	
Name	
250 95th Street Unit 546094	
Florida street address (P.O.	Box NOT acceptable)
Surfside	FL ³³¹⁵⁴
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci- statutes relating to the proper and complete p	

ARTICLE IV-

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

1 4 5 4 7 7 7 1 1 4	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Wilfrido L Peinado
	125 Remount Rd Ste C-1 PMB 2030
	Charlotte NC 28203
MGR	Drialys Peinado
	125 Remount Rd Ste C-1 PMB 2030
	Charlotte NC 28203
	
	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
•	
LE V: Other provisions, if any.	A + 0
LE V: Other provisions, if any.	
	Densolo
LE V: Other provisions, if any.	Densolo
REQUIRED SIGNATURE:	an authorized representative of a member
EV: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance.	
REQUIRED SIGNATURE: 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 the Department of State constitutes a third degree felor Wilfrido Peinado
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a sprovided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware tha iment to the Department of State constitutes a third degree felor

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

S: 27



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to convert an "Other Business Entity" into a "Florida Limited Liability Company" pursuant to section 605.1045. Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

Pursuant to s. 605.0102(23)a, F.S., entity means: a business corporation, a nonprofit corporation, a general partnership, including a limited liability partnership, including a limited partnership, including a limited liability limited partnership; a limited liability company; a real estate investment trust; or any other domestic or foreign entity that is organized under an organic law.

Filing Fees: \$150.00 (\$25 for Articles of Conversion and

\$125 for Articles of Organization)

Certified Copy (optional): \$30.00

Certificate of Status (optional): \$5.00

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

For further information, you may contact the New Filing Section at (850) 245-6052.

Important Notice: As a condition to the conversion, pursuant to s.605.0212(9), F.S., each party to the conversion must be active and current through December 31 of the calendar year this document is being submitted to the Department of State for filling.

INHS11 (7/17)

