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(Re	questor's Name)	
(Ad	dress)	
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	y/State/Zip/Phone	-
(Cit	y/State/Zip/Prione	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(50	Siness Entity (10)	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

SUBJECT: Suenos T	ravel LLC				
	(Name of Res	ulting	Florida Limit	cd Com	pany)
					d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this	matter to:		
Jerry Armstrong Jr					
	(Contact Person)			•	
Suenos Travel LLC					
	(Firm/Company)			•	
1615 S Congress Ave	Suite 3				
	(Address)			•	
Delray Beach, FL 3344	5				
(C	ity. State and Zip Code)			•	
suenostravelllc@gmail.	∞m				
E-mail Address: (to be	used for future annual re	port no	otifications)	•	
For further information	on concerning this ma	ter, p	lease call:		
Jerry Armstrong Jr.		at (610	564-2	898
(Name of Contac	et Person)	(_	(Area Code)	(Dayı	time Telephone Number)
Enclosed is a check for dollars and drawn on	•	•		rocess	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		180.00 Filing Centified Cop		☑\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr	ess:			Street	Address:
New Filing Se	ection			New F	iling Section
Division of Co					on of Corporations
P.O. Box 6327	/			The Co	entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section Division of Corporations

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 Arti Suenos Travel LLC	icles of Conversion is:
(Enter Name of Other Business Entity)	 ·
The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, com	mon 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)
12/19/2019 on	the name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached A l Suenos Travel LLC	rticles of Organization:
(Enter Name of Florida Limited Liability Company)	<u> </u>
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 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 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	S.
6. The "Converted or Other Business Entity" has agreed to pay any members having appr which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	raisal rights the amount to
	202
	2021 <i>F</i> US
	0
	9 .

Signed this 1	0 day of April	20 <u>21 </u>
Signature of	Authorized Representative of Lim	ited Liability Company:
Signature of	Authorized Representative: Dess	as Cumitionia On
Printed Name	Authorized Representative: Dece	Title: Founder
Time talle	· Herry Armsmang.ur	
Signature(s)	on behalf of Other Business Entity:	See below for required signature(s)
6 .	Deser Comptions D.	
Printed Name	V Jorna Armetrona Jr	Title: Founder
Timed Name	Herry Armstrong Jr	Title.
Signature:		
Printed Name	<u> </u>	Title:
Signature:		Title:
rimed Name	*	title.
Signature:		
Printed Name	:	Title:
Signature:		Title:
Printed Name	<u> </u>	I itle:
Signature:		
Printed Name	:	Title:
If Florida Co		
	Chairman, Vice Chairman, Director, or	
If Directors of	r Officers have not been selected, an In	corporator must sign.
If Florida Ge	eneral Partnership or Limited Liabili	ity Partnershin:
	one General Partner.	evi armensmp.
C		
	<u>mited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of	ALL General Partners.	
All others		
All others:	in authorized person.	
5.g	w data or the person.	
Fecs:		
Articl	les of Conversion:	\$25.00
Fees f	for Florida Articles of Organization:	\$125.00
	Ted Copy:	\$30.00 (Optional)
Certif	Ticate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Suenos Travel LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1615 S Congress Ave Suite 103 Delray Beach, FL 33445	1615 S Congress Ave Suite 103 Delray Beach, FL 33445
ARTICLE III Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. You must designate an individual or another
Armstrong Pinnacle Group, LLC	>
Name	
1615 S congress Ave suite 103	
Florida street address (P.O.	Box NOT acceptable)
Delray Beach	FL 33445
City	Zip

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 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"ABAND" \rightarrow Anthorwood Mambar	
"AMBR" = Authorized Member	
"MGR" = Manager	Jerry A Armstrong Jr.
MON	1615 S CONGRESS AVE STE 103
	- · · · - · · · · - · - · · - · · - ·
	DELRAY BEACH, FL 33445
	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
•	
REQUIRED SIGNATURE:	
•	
REQUIRED SIGNATURE:	ng 2.
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda	
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda any false information submitted in a do as provided for in s.817.155, F.S. Jerry Armstrong Jr	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware ocument to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda any false information submitted in a do as provided for in s.817.155, F.S. Jerry Armstrong Jr	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware

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