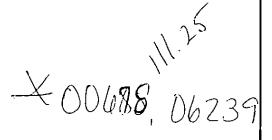
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(Re	equestor's Name)	
(Ad	(dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only





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FLORIDA DEPARTMENT OF STATE. Division of Corporations

July 20, 2021

MIGUEL M PASCUAL QUETZAL CABINETS INTERNATIONAL INC 2600 6 AVE SOUTH 94 LAKE WORTH, FL 33460 US

SUBJECT: QUETZAL CABINETS INTERNATIONAL INC

Ref. Number: P17000095924

We have received your document for QUETZAL CABINETS INTERNATIONAL INC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$111.25.

A Florida corporation cannot change to a Florida limited liability company by filing articles of amendment pursuant to section 607.1006, Florida Statutes. Enclosed is information regarding converting to a limited liability company should this be the intention of this filing. Please note applicable fees.

Please return 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) 245-6823.

Annette Ramsey OPS

Letter Number: 521A00016754

2021 AUG 23 PM 1: 22

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: QUETZAL CALINETS LLC
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion. Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Miguel Pascual (Contact Person) Quetast Cabiners LLC (Firm/Company) 2600 6 Ave 5 Let 94 (Address) Lake worth beach P1 33460 (City. State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (SG) 3811488 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
S150.00 Filing Fees (\$25 for Conversion & S125 for Articles of Organization) S150.00 Filing Fees and Certified Copy (Certificate of Status) S185.00 Filing Fees and Certified Copy (Certificate of Status)
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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 A	rticles of Conversion is:
(Enter Name of Other Business Entity)	<u>—</u> .
2. The "Other Business Entity" is a1 C	
(Enter entity type. Example: corporation, limited partnership, general partnership, co	
First organized, formed or incorporated under the laws of Psim best	H Floreicus The name of the country)
on December 04: - 2017.	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached	Articles of Organization:
(Enter Name of Florida Limited Liability Company)	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 8/16/20	24
(The effective date: Cannot be prior to date of receipt or filed date nor more than	z. v . an 90 calendar davs 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 document's effective date on the Department of State's records.	s date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statu	tes.
6. The "Converted or Other Business Entity" has agreed to pay any members having ap which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	praisal rights the amount to
	202
96974	
PH 0000 95924	2021 AUG 2
	- W :==

Signed this 16 day of AUSUST	_20 <u>_21</u>		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: Aprinted Name: Manuel Assessed			
Signature(s) on behalf of Other Business Entity:			
Signature:Printed Name:	Title:	2021 AUG 23	
Signature:Printed Name:		G 23 PM	
Signature:Printed Name:			O
Signature:Printed Name:	Title:		
Signature: Printed Name:	Title:		
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL 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)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
QUETZAL CALINETS (Must contain the words "Limited Liability	
ARTICLE II - Address:	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2600 6 Ave 5 60794	Same
LAKE WONTH BEACH PL32460	
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.	egistered agent are:
	Box NOT acceptable)
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)

MIPUEL PASCELAL 2600 6 ALE S GOT 94 LAIDE WANTH BOTH F1 33
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authorized representative of a member a section 605.0203 (1) (b), Florida Statutes, I am awar to the Department of State constitutes a third degree
•

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)

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

ARTICLE IV-