# 12100390822

	(Requestor's Name)
·	(Address)
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. <del></del>	(City/State/Zip/Phone #)
	(City/State/Zip/Phone #)
PICK-UP	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only
	Office OSE Offix



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9/2/21



## **COVER LETTER**

TO:	New Filing Son Division of C					
CHD	IECT. ELISA R	IEDTMANN CORP				
SUB	JEC1;	(Name of Res	ulting Florida Limi	ted Cor	npany)	
			-		d fees are submitted to co ccordance with s. 605.104	
Pleas	e return all corre	espondence concernin	g this matter to:			
ELISA	A DA SILVA					
		(Contact Person)		_		
ELISA	A RIEDTMANN L	LC				
		(Firm/Company)		•		
9195	COLLINS AVEAR	PT 1112				
		(Address)	_ <del></del>	-		
SURF	SIDE, FL 33154					
		City, State and Zip Code)		-		
elisa.ı	riedtmann@gmai	-				
E-	mail Address: (to b	e used for future annual re	port notifications)	-		
For fi	urther informati	on concerning this ma	tter, please call:			
ELISA	A DA SILVA		_at (305	,497-	3097	
	(Name of Conta	ict Person)	(Area Code	(Day	rtime Telephone Number)	
		or the following amou a bank located in the	-	oroces.	sed by this office must be	payable 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 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632	ection orporations		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 Articles of Conversion is:  ELISA RIEDTMANN CORP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION  (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 FLORIDA  (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
08/09/2021 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ELISA RIEDTMANN 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.

Signed this 20TH day of AUGUST	20 21.	
Signature of Authorized Representative o	f Limited Liability Company:	
Signature of Authorized Representative: Printed Name: ELISA DA SILVA	Title: PRESIDENT	-
Signature(s) on behalf of Other Business En	ntity:  See below for required signature(s)	
Signature: Deligo	Title: president	_
Printed Name: 1611SA DA SILVA	Title: Prusident	-
Signature:	The I	_
Printed Name:	Title:	-
Signature:		-
Printed Name:	Title:	-
Signature:		_
Printed Name:	Title:	-
Signature:		_
Printed Name:	Title:	-
Signature:		_
Printed Name:	Title:	=
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Direct		
If Directors or Officers have not been selected	, an Incorporator must sign.	
If Florida General Partnership or Limited I Signature of one General Partner.	Liability Partnership:	
· ·		
If Florida Limited Partnership or Limited I Signatures of ALL General Partners.	hability Limited Partnership:	
All others: Signature of an authorized person.		7
Fees:		ì
Articles of Conversion:	\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
ELISA RIEDTMANN LLC		<del></del>
(Must contain the words "Limited	Liability Company, "L.L.C.," or "L.L.C.,")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
9195 COLLINS AVE	9195 COLLINS AVE	
APT 1112	APT 1112	
SURFSIDE, FL 33154	SURFSIDE, FL 33154	
ELISA DA SILVA	Name	
9195 COLLINS AVE AF	PT 1112	
Florida street addres	s (P.O. Box NOT acceptable)	
SURFSIDE	FL 33154	
City	Zip	
registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position	ated in this certificate. I hereby accept capacity. I further agree to comply v	ot the appointment as with the provisions of al I am familiar with and

(CONTINUED)

### ARTICLE IV-

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

AMBR" = Authorized Member MGR" = Manager PRESIDENT  ELISA DA SILVA 9195 COLLINS AVE APT 1112 SURFSIDE, FL 33154  Use attachment if necessary)  EV: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 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.  Typed or printed name of signee Filling Fees  S125.00 Filling Fee for Articles of Organization and Designation of Registered Ages S 30.00 Certificate Opy (Optional)  S 5.00 Certificate of Status (Optional)	/ A A / T > T > H	Name and Address:
ELISA DA SILVA 9195 COLLINS AVE APT 1112 SURFSIDE, FL 33154  Use attachment if necessary)  E. V: Other provisions, if any.  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 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.  Typed or printed name of signee  Filing Fees  S125.00 Filing Fee for Articles of Organization and Designation of Registered Age		Member
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