121000402852

| (Requestor's Name) |
|---|
| (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: |
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| |

Office Use Only



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11

COVER LETTER

| TO: New Filing Section Division of Corporations | | | |
|---|--|--|---------------|
| SUBJECT: Calmel | LLC | | * |
| (Name of Res | sulting Florida Limited | Company) | |
| The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li | | | |
| Please return all correspondence concernin | - | | |
| Stephen Grerrero (Contact Person) Grerrero Law (Firm/Company) | | | |
| Gerrero Law (Firm/Company) | | | |
| 240 Sw 8th Ave (Address) | | | |
| Might Fl 33130 (City. State and Zip Code) | | | |
| E-mail Address: (to be used for future annual re | au. Com | | |
| For further information concerning this ma | atter, please call: | | |
| Stephen Guerralo (Name of Contact Person) | at (<u>954</u>) (Area Code) (| 783-0017 Daytime Telephone Number) | |
| Enclosed is a check for the following amou dollars and drawn on a bank located in the | | cessed 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 | S180.00 Filing Fea and Certified Copy | es S185.00 Filing Fees. Certified Copy, and Certificate of Status | |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Ne Di Tr 24 | reet Address: ew Filing Section vision of Corporations the Centre of Tallahassee 15 N. Monroe Street, Suite 8 Ilahassee, FL 32303 | 10 |

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: Colored Corporation (Enter Name of Other Business Entity) |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a or portation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of Flor: La (Enter state, or if a non-U.S. entity, the name of the country) |
| on OG-16-2017 (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: |
| (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 25^{+} day of $A - y - s^{+}$ $20 2$ | |
|---|----------|
| Signature of Authorized Representative of Limited Liability Company: | |
| Signature of Authorized Representative: And R. Caldwin * Printed Name: Tose R Calderon Title: on behalf of | LL AMBR |
| Signature(s) on behalf of Other Business Entity: [See below for required signature(s) | ıl |
| Signature: Jose R. Calderon Title: VP | _ |
| Printed Name: Jose R Calderon Title: VY | <u> </u> |
| Signature: Title: | <u> </u> |
| Signature: Title: | <u></u> |
| Signature: Title: Title: | |
| | |
| Signature: Title: | _ |
| Signature: Title: | _ |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. | |
| If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. | |
| All others: Signature of an authorized person. | |
| Fees: | يہ |

\$25.00

\$125.00

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

Articles of Conversion:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

| (Must Contain the Words - Elimited Diabili | ty Company. I.I.C. of I.I.C.) |
|--|--|
| ARTICLE II - Address: The mailing address and street address of the p | rincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| JESS S US HWY | ags S US Hay |
| 2655 S US HWY 1792 Casselberry, FI 32707 | Casselherry Fl 32707 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) | |
| The name and the Florida street address of the | registered agent are: |
| Gerreso Law Nam | Grap PLLC |
| 240 SL 814 | |
| Florida street address (P.C |). Box <u>NOT</u> acceptable) |
| Kiami | FL 33130 |
| $\mathcal{N}_{r \sim \infty}$. City | Zip |
| liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete | n this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S |

(CONTINUED)

| AMBR'' = Authorized Member | · |
|--|--|
| MGR" = Manager | Calderon Melo Holdings LLC 2655 5 VS Huy 1792 Casselberry, Fl 32707 |
| | |
| | |
| | |
| | |
| | |
| | |
| Use attachment if necessary) | |
| Use attachment if necessary) EV: Other provisions, if any. | |
| • | |
| EV: Other provisions, if any. | |
| EV: Other provisions, if any. REQUIRED SIGNATURE: | Calderín |
| REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE: Signature of a membe This document is executed in accord | r or an authorized representative of a member dance with section 605.0203 (1) (b). Florida Statutes. I am aware that document to the Department of State constitutes a third degree felony |
| REQUIRED SIGNATURE: Signature of a membe This document is executed in accordany false information submitted in a as provided for in s.817.155. F.S. | r or an authorized representative of a member dance with section 605.0203 (1) (b). Florida Statutes. I am aware that |

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

ARTICLE IV-

Company:



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 filing.

INHS11 (7/17)