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Certified Copies	Certificates	of Status
Special Instructions to F	filing Officer	

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10/1/2021



COVER LETTER

Division of C	Corporations				
SUBJECT: Caporal	πc				
30MC1.	(Nume of Re	sulting Florida Lin	rited Co	mpany)	
The enclosed Article Business Emity" into	s of Conversion, Artic a "Florida Limited I.	des of Organiza iability Compa	nion, a ny" in i	nd fees are submitted to convert an accordance with s. 605,1045, F.S.	Other
Please return all corr	espondence concernin	g this matter to	:		
Water E Rodnguez					
	(Contact Person)				
Caporal LLC					
	(Firm/Company)		_		
3111 Orange Grove To	r1			· .	
	(Address)		_		
Naples, Fl. 34120					
(1)	City, State and Zip Code)				
arqwer03@gmail.com					
E-mail Address: (to b	oc used for future annual re	part notifications)	_		
For further informati	on concerning this ma	tter nlense call	,		
	on concerning and ma			0.10	
Walter Rodriguez	<u></u>	_nt (239	!	6112	
(Name of Cont	ict Person)	(Area Cod	e) (Da	ytime Telephone Number)	
	or the following amore a bank located in the		proces	sed by this office must be payable in	i US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155,00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	-	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	2021.00.
Mailing Add	ress:		Stree	t Address:	1
New Filing S				Filing Section	
Division of C P.O. Box 632				sion of Corporations : : Centre of Tallahassee	
Tallahassee, l				N. Monroe Street, Suite 810	
				hassee, F1, 32303	±-

TO: New Filing Section

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Statutes.			
1. The name of the "Other Business Entity" immediately prior to the filing of the Ai	rticles o	f Convers	ion is:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a			
(Enter entity type. Example: corporation, limited partnership, general partnership, co	mmon lav	v or busines	is trust, etc
First organized, formed or incorporated under the laws of	, the man	e of the you	ıntry')
JANUARY 13, 2015			
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached a	Articles	of Orgai	rization:
CAPORAL LLC	.:		
(Enter Name of Florida Limited Liability Company)	 -		
4. It 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 that 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.			
 The plan of conversion has been approved in accordance with all applicable statut 	es.		
6. The "Converted or Other Business Entity" has agreed to pay any members having app which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.	rnisal ri	ghts the a	mount to
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Signed this 16 day of OCTOBER	_ 20_ 20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: WALTER E RODRIGUEZ	Title: OWN
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: DAAA Printed Name: WALTER E RODRIGUEZ	Title: OWN
Signature: Printed Name: N/A	Title:
Signature: Printed Name: N/A	Title:
Signature:Printed Name:	Title:
Signature:	Title:
Signature: Printed Name: Printed Name:	::
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Co.	ompany is:
CAPORAL LLC	•
(Must contain the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	ss of the principal office of the Limited Liability Company is:
	is:
Principal Office Address:	Mailing Address:
3111 Orange Grove Tri	3111 Orange Grove Tri
Naplos, FL, 34120	Naples, FL. 34120
business entity with an active Florida registration. The name and the Florida street address Walter E Rodriguez	
valies a riodinguez	Name
3111 Orange Grove	
r forida street add	ress (P.O. Box NOT acceptable)
Naples	FL 34120
City	FL 34120 Zip
registered agent and agree to act in the statutes relating to the proper and cocept the obligations of my positi	ent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am Jamiliar with and iam as registered agent as provided for in Chapter 605, F.S., and I standard the content of the provided for the chapter for
(C	ONTINUED)

А	15.1.1	CT	. F	IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	WALTER E RODRIGUEZ
	3111 Orange Grove Trl
	NAPLES, FL, 34120
	<u> </u>
	, , , , , , , , , , , , , , , , , , ,
	
(Use attachment if necessary) TLE V: Other provisions, if any.	
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TEV: Other provisions, if any.	
TEV: Other provisions, if any.	
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REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc	r an authorized representative of a member to with section 605,0203 (1) (b), Florida Statutes. I am aware to uncent to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document provided for in 8.817.155, F.S.	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes. I am aware tument to the Department of State constitutes a third degree fel
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