L210000454553

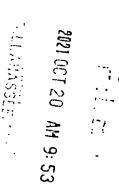
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100375044521

10/20/21--01015--022 **150.00



COVER LETTER

Division of Corporations		
SUBJECT: DIGIANNURIO INC		
(Name of Res	sulting Florida Lim	ited Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	-	ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all correspondence concernin	g this matter to:	
ROBERT A DIGIANNURIO		
(Contact Person)	<u> </u>	_
(Firm/Company)		_
1917 N STATE RD 7		-
(Address) MARGATE, FL 33063		
(City. State and Zip Code)		_
INFO@HISPANUSA.COM		
E-mail Address: (to be used for future annual re	port notifications)	_
For further information concerning this ma	tter, please call:	
ROBERT A DIGIANNURIO	at (410-4819
(Name of Contact Person)) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	· · · · · · · · · · · · · · · · · · ·	processed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$150.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co	
Mailing Address: New Filing Section		Street Address: New Filing Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 DIGIANNURIO INC	is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION 798000064227	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business tru	st. etc.)
First organized, formed or incorporated under the laws of	
07/22/1998	
on	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiza DIGIANNURIO LLC	ion:
(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 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 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 amou	nt to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 15 day of OCTOBER	20_ 😎 1
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: ROBERT DIGIANNURIO	Title: AMBRI
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: ROBERT DIGIANNURIO	
Signature:	
Signature:Printed Name:	Title:
Signature:	7: I
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Signature:Printed Name:	Title:
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	corporator must sign.
Signature of one General Partner.	
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

THE HAIRE	of the Limited Lia	aomiy Compai	iy 13.		
DIGIANNUF	NO LLC			_	
	(Must contain th	ie words "Limited I	liability Company,	, "L.L.C.," or "LLC.")	1

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1917 N STATE RD 7	1917 N STATE RD 7
MARGATE, FL 33063	MARGATE, FL 33063

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ROBERT A DIGIANNURIO	
Name	e
1917 N STATE RD 7	
Florida street address (P.O	. Box <u>NOT</u> acceptable)
MARGATE	FL 33063
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)

A	R	$\Gamma \mathbf{L}$	('1	[]	F 1	١١	1
^ 1							, -

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	DIGIANNURIO, ROBERT A 4651 MIMOSA TER UNIT 1213 COCONUT CREEK, FL 33073
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	to Prolly

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.

ROBERT A DIGIANNURIO

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)