L21000 47-2300

(Requestor's Name)
(-4,,
(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:

Office Use Only



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COVER LETTER

TO:	New Filing S Division of C				
SURI	FCT: LATINO	FOOD CONCEPTS LLC			
3017		(Name of Re	sulting Florida Limi	ted Con	ipany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to:		
ENRIC	QUE RAMOS				
		(Contact Person)		-	
G&R	BOOKKEEPING	S SERVICES LLC			
		(Firm/Company)		_	
4403 9	SE 16TH PL ST	Ξ 3			
	· · · · · · · · · · · · · · · · · · ·	(Address)		_	
CAPE	CORAL, FL 339	314			
		City, State and Zip Code)	- w	-	
info@a	accountantcaped	coral.com			
E-n	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	rther informati	on concerning this ma	tter, please call:		
ENRIC	QUE RAMOS		_at (2394	247-9	9784
	(Name of Conta	ict Person)	(Area Code	_/) (Day	time Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles mization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐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				New I Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

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.

Entity)
22,0000 9 0985 pership, general partnership, common law or business trust, etc.)
ership, general partnership, common law or business trust, etc.)
FLORIDA
ter state, or if a non-U.S. entity, the name of the country)
set forth in the attached Articles of Organization:
Company)
01/01/2022 late:
r filed date nor more than 90 calendar days after ent of State.) attutory filing requirements, this date will not be listed as the

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 3RD	_ day of NOVEMBER	20 <u>-</u> /
Signature of Author	rized Representative of Lim	ited Liability Company:
Signature of Authoriz	zed Representative	
Printed Name: ENRIQ	zed Representative:	Title: REGISTER AGENT
<u>Signature(s) on beha</u>	If of Other Business Entity:	[See below for required signature(s)]
Signature:	3	
Printed Name: JAVIER	MONTOYA	Title: PRESIDENT
M	make Sursky	
Printed Name: GONZA	LO LANFRANCO	Title: VICE PRESIDENT
Signature: A.	and Hemmy	_
Printed Name: DIANA	HERNANDEZ	Title: VICE PRESIDENT
Signature:	<u></u>	
Printed Name:	<u> </u>	Title:
C:		
Signature: Printed Name:	-	Title:
rimed Name		Title:
Signature:		
Printed Name:		Title:
<u>If Florida Corporatio</u>	<u>on:</u>	0.87
Signature of Chairmar	n, Vice Chairman, Director, or shave not been selected, an In	Officer.
it Directors of Officer	s have not been selected, an in	corporator must sign.
If Florida General Pa	artnership or Limited Liabili	ty Partnership:
Signature of one Gene	ral Partner.	
If Florida Limited Pa	urtnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> Ge	neral Partners.	
All others:		
All others: Signature of an author	ized person.	
•	,	
Fees:		
Articles of Co		\$25.00
	da Articles of Organization:	\$125.00
Certified Copy		\$30.00 (Optional)
Certificate of S	Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	R	T	I	C	L	E	I	_	N	a	m	e	:
---	---	---	---	---	---	---	---	---	---	---	---	---	---

The name of the Limited Liability Company is:

(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 Liability Company is:

Principal Office Address:	Mailing Address:
LATENO FOOD LONCEPTS HAYO 5324 W 22ND AVE	5324 W/ 22ND AVE CAPE CORSI, 15/2 339/14
CAPE CONA (, FC. 33914	

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:

Name

Name

4493 SE 16th Pl. SEt3 LAPE LORAL, Pl. 33914

Florida street address (P.O. Box NOT acceptable)

FL 33914

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)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	IANTED MONTOVA
AMBR	JAVIER MONTOYA
	5324 W 22ND AVE
	CAPE CORAL, FL 33914
AMBR	GONZALO LANFRANCO
	400 K ST NW APT 916
	WASHINGTON DC 20001
AMBR	DIANA HERNANDEZ
AMBIX	13301 PEARCE RD
	FORT MEYERS, FL 33905
	FOR 1 MIETERS, PL 33903
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	
NY AND ALL LAWFUL ACTIVITIES UNDER F	LORIDA LAW
REQUIRED SIGNATURE:	
- John of	
-	
	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that

ENRIQUE RAMOS

as provided for in s.817.155, F.S.

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)

any false information submitted in a document to the Department of State constitutes a third degree felony