L21000483435

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consultant Annual Annua
Special Instructions to Filing Officer.

Office Use Only



300372749553

11/12/21--01001--011 **185.00



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MICHAEL ORTIZ, P.A.

1430 SOUTH DIXIE HIGHWAY SUITE 321 CORAL GABLES, FLORIDA 33146

TELEPHONE (305) 665-5270 FACSIMILE (305) 665-1112 E-MAIL: laworliz@aol.com

November 9, 2021

By: Hand Delivered
New Filing Section
Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Quaid Developments Limited and

Client File No. 643

Quaid Developments LLC

Dear Sir/Madam:

I am enclosing the Articles of Conversion for Other Business Entity Into a Florida Limited Liability Company and Articles of Organization for Florida Limited Liability Company for Quaid Developments LLC. for filing, together with the copy of such Articles.

In addition, I have included a Michael Ortiz, P.A. check in the amount of \$185.00, representing the filing fee for these Articles of Incorporation. Thank you.

Very truly yours,

MICHAEL ORTIZ, P.A.

MICHAEL ORTIZ, ESO.

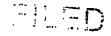
COVER LETTER

TO: New Filing Sec Division of Cor				
	•			
SUBJECT: Quaid Devi		ulting Florida Limit	ed Com	pany)
		-		·
The enclosed Articles of Business Entity" into a	of Conversion, Articl "Florida Limited Li	les of Organizati ability Company	on, and " in ace	fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corresp	pondence concerning	g this matter to:		
Michael Ortiz				
	(Contact Person)			
Michael Ortiz, P.A.				
	(Firm/Company)			
1430 South Dixie Highwa	ay, Suite 321			
	(Address)			
Coral Gables, FL 33146				
(City	y, State and Zip Code)			
lawortiz@aol.com				
E-mail Address: (to be u	sed for future annual rep	port notifications)		
For further information	concerning this mat	ter, please call:		
Michael Ortiz		at (305	665-	5270
(Name of Contact	Person)		(Dayti	me Telephone Number)
Enclosed is a check for dollars and drawn on a			rocesse	d by this office must be payable in US
(\$25 for Conversion a	D\$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 Addres New Filing Sect Division of Corp P.O. Box 6327	ion		New Fi Divisio	Address: ling Section n of Corporations ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



2021 NOV 12 AH 9: 31

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: 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Quaid Developments Limited (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) First organized, formed or incorporated under the laws of $\underline{}$ (Enter state, or if a non-U.S. entity, the name of the country) March 30, 2004 on (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Quaid Developments 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

5. The plan of conversion has been approved in accordance with all applicable statutes.

document's effective date on the Department of State's records.

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 8 TH day of November 20 21	
Signature of Authorized Representative of Limited Liability Company:	
Signature of Authorized Representative:	
Printed Name: Michael Ortz Title: AR	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]	
Signature:	
Printed Name: Hector Fernando Espinosa Ceron Title: Director	_
Signature: Aurera	-
Printed Name: Claudia Lourdes Herrera Esquivel Title: Director	-
Signature	
Signature:	-
Signature:	_
Printed Name: Title:	-
Signature:	
Printed Name:Title:	
Signature:	
Printed Name: Title:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or Officer.	
If Directors or Officers have not been selected, an Incorporator must sign.	
-	
f Florida General Partnership or Limited Liability Partnership:	
Signature of one General Partner.	
f Florida Limited Partnership or Limited Liability Limited Partnership:	
Signatures of ALL General Partners.	

All others: Signature of an authorized person.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

y Company, "L.L.C.," or "LLC.")				
incipal office of the Limited Lia	bility Company is:			
Mailing Address:				
Same as Principal Office				
				
Office, & Registered Agent's Street Agent. You must designate an individu	Signature: ial or another			
egistered agent are:	27 29			
	3 Z			
ite 321	, ~			
Box NOT acceptable)	OT acceptable) 33146			
FL 33146				
Zip	mi			
accept service of process for the a this certificate. I hereby accept the y. I further agree to comply with exformance of my duties, and I an stered agent as provided for in C	e appointment as the provisions of all a familiar with and hapter 605, F.S			
	Same as Principal Office Office, & Registered Agent's 3 ared Agent. You must designate an individual egistered agent are: te 321 Box NOT acceptable) FI. 33146 Zip accept service of process for the entire comply with exformance of my duties, and Landers			

(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 AMBR	Hostor Formanda Faminana Caras
AMBR	Hector Fernando Espinosa Ceron 13668 Deering Bay Dr
	Coral Gables, FL 33158
	Coral Gables, FL 33136
AMBR	Claudia Lourdes Herrera Esquivel
	13668 Deering Bay Dr
	Coral Gables, FL 33158
	
(Her attachment if accounts)	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	<u>ئے ا</u> بر
REQUIRED SIGNATURE:	
	1 # 0
	Authorized Representative
	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware tha
any false information submitted in a docum as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree felor
Michael Ortiz	
	ped or printed name of signee
÷ 1	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)