(Requestor's Name)
(Address)
( .ac.ess)
(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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### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2021

SANDY: SCIALES 1445 SADLER ROAD #1008 FERNANDINA BEACH, FL 32034

SUBJECT: NUESTRA FAMIGLIA LLC

Ref. Number: W21000071185

NUESTra

We have received your document for NUESYRA FAMIGLIA LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

#Dyon have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline
- Regulatory Specialist II Supervisor

Letter Number: 821A00010613

download -LLC -> conversions

### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: NUESTRA Famiglia CCC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Sandy Schales (Contact Person)
Nuestra Famiglia uc (Firm/Company)  1445 Sadlez Road #1008
1445 Sadlez Road #1008
(Contact Person)  Nuestra Famiglia uc  (Firm/Company)  1445 Sadlez Road #1008  (Address)  (Address)  Fernandina Beach, Fa 32034  (City. State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Sandy Sciales at (70c) 897-8908 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
dollars and drawn on a bank located in the United States)  S150.00 Filing Fees (\$25 for Conversion & and Certificate of Status)  S125 for Articles of Organization)  S150.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status
of Organization) W 21 0 0 0 0 7 11 8 5

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

## **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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 9/12/2019 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  NUEST CO Faming 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 5 day of November	20 7 1 .	
Signature of Authorized Representative of Limi		
Signature of Authorized Representative:	Title: NemBER	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: MEMBER MANAGE	Afille: STAMES G Scicle	ſ
Signature:		,
Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:		
Printed Name:		
Signature:Printed Name:		
Signature: Printed Name:	Title:	·
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	2021 NOV
All others: Signature of an authorized person.		5
<u>Fees:</u>		PN 2:21
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	21 21 70

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ffice of the Limited Liability Company is:		
Mailing Address:	·	
1445 Sadler Road Suite 1008		
1	181 KCV 15	
	PX	1
Box NOT acceptable)	2:2	pany at the apacity. I
FL <sup>33702</sup>		
	**Registered Agent's Signature: Agent. You must designate an individual or another agent are:  OILL FAULE  Box NOT acceptable)	**Registered Agent's Signature: Agent. You must designate an individual or another  agent are:  **DITT ANTE

(CONTINUED)

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Sandy Sciales
	TERRODALIA BEACH, FC 320
MGR	Mores Sciales
	1445 SADLER ROAD #100
	FERNANDINA, BEACH, FL
(Use attachment if necessary)	2021 ?
<b>LE V</b> : Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member
This document is executed in accordance any false information submitted in a docu	e with section 605,0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	
- Pallace	vped 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)