

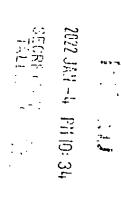
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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT:EL AVIADOR MODELS ENTERPRISE LLC	
(Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	er
Please return all correspondence concerning this matter to:	
Ed McLeod, CPA	
(Contact Person)	
Swart Baumruk & Company, LLP	
(Firm Company)	
1101 Miranda Lane	
(Address)	
Kissimmee, FL 34741	
(City, State and Zip Code)	
taxes@sbc-cpa.com	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Ed McLeod, CPA at ( 407 ) 347-7466	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Euclosed 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)	\$
S150,00 Filing Fees S155,00 Filing Fees S180,00 Filing Fees (\$25 for Conversion and Certificate of and Certified Copy and Certificate of Status (\$125 for Articles Status (\$100 forganization) Status	
Mailing Address:Street Address:FillNew Filing SectionNew Filing Section20Division of CorporationsDivision of Corporations21P.O. Box 6327The Centre of Tallahassee22Tallahassee, FL 323142415 N. Monroe Street, Suite 8 1025Tallahassee, FL-3230325	2022 JAN -4 FAI

## 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 \$.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ELAVIADOR MODELS ENTERPRISE LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LEC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S, entity, the name of the country)
on 06/03/2019 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
EL AVIADOR MODELS ENTERPRISE 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 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.
2022 JAH - 4 2022 JAH - 4

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	<sup>l</sup> ame:			
The name of the	Limited Liability Compar	ıy is:		
	MODELS ENTERPRISE LLC			
(	Must contain the words "Limited F	ability Company	.nt f C ," or nt.t.C m	
ARTICLE II The mailing add	Address: ress and street address of t	he principal c	ffice of the Limite	ed Liability Company is:
Principal Office	Address:	<u>Mailii</u>	ig Address:	
_ 2239 W 69th Stree	et Unit 1	2239	W 69th Street Unit 1	
Hialeah, FL 33016		Hialea	ah. FL 33016	
	•			<del></del>
(The Limited Liability	Registered Agent, Regis Company cannot serve as its own an active Horida (egistration)	tered Office. Registered Agent	& Registered Ag You must designate an	ent's Signature: individual or another
The name and th	e Florida street address of	the registered	l agent are:	
	Swart Baumruk & Compa	ny, LLP		
	}	Name	···	
	1101 Miranda Lane			
	Florida street address	(P.O. Box <u>N</u>	OT acceptable)	
	Kissimmee	FL	34741	
	City		Zip	
liability con registered ager statutes relati	npany at the place designa	ted in this cert apacity. I fur dete performa	ificare, Thereby ac ther agree to comp nee of my duties, a	ly with the provisions of all and I am familiar with and
	N Ges me			202 SE
	Registered Agent's		EQUIRED)	2022 JAM - 4 PHIO: 3 SECRED SIA TALLAHASSICATI

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

	itle:	Name and Address:
	AMBR" = Authorized Member	
	MGR" = Manager AMBR	Nelson Omar Mejia Velasquez
		Res. Guadalupe 19 calle 1 y avenida #45
		San Pedro Sula, Honduras
_	AM8R	Ennio Ennico Tatteli Devoto
		Residencial Villas Palencia, bloque 1 casa - 10
		San Fedro Sula, Honduras
_		
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((	Jse attachment if necessary) .	
ICI.	E.V: Other provisions, if any,	
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<del></del>	E V: Other provisions, if any.  EQUIRED SIGNATURE:	9-1
<del></del>	EQUIRED SIGNATURE:	9-1-1
<del></del>	EQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that mem tolthe Department of State constitutes a third degree felony
<del></del>	Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in \$.817.155, F.S.	with section 605,0303 (1) (b). Florida Statutes, Lam aware then
<del></del>	Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.  Nelson Omar Mejia Velasquez	with section 605.0203 (1) (b). Florida Statutes, I am aware that ment tolthe Department of State constitutes a third degree felony
<del></del>	Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.  Nelson Omar Mejia Velasquez	with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony ped or printed name of signee
<del></del>	Signature of a member or This document is executed in accordance any false information submitted in a deem as provided for in s.817.155. F.S.  Nelson Omar Mejia Velasquez  Ty	with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony ped or printed name of signee  Filing Fees of Organization and Designation of Registered Signat
<del></del>	Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Nelson Omar Mejia Velasquez  Tyl  \$125.00 Filing Fee for Articles of	with section 605.0203 (1) (b). Florida Statutes, I am aware that ment tolthe Department of State constitutes a third degree felony ped or printed name of signee  Filing Fees of Organization and Designation of Registered Signate al)  S 5.00 Certificate of Status (Optional)
<del></del>	Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Nelson Omar Mejia Velasquez  Tyl  \$125.00 Filing Fee for Articles of	with section 605.0203 (1) (b). Florida Statutes, I am aware that ment tolthe Department of State constitutes a third degree felony ped or printed name of signee  Filing Fees of Organization and Designation of Registered Signation S 5.00 Certificate of Status (Optional)
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	Signed this 22ndday ofDecember	2021
	Signature of Authorized Representative of Limit	ited Liability Company:
	Signature of Authorized Representative:  Printed Name: Nelson Omar Mejia Valasquez	Title: Manager
	Signature(s) on behalf of Other Business Entity:	· · · · · · · · · · · · · · · · · · ·
·	Signature: Atlanta Velasquez  Printed Name: Nelson Omar Melia Velasquez	Title: Manager
	Signature: Printed Name:	Title:
	Signature:	Title:
	Signature: Printed Name:	
	Signature: Printed Name:	Title:
	Signature:	
	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.	tv Partnership:
	If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
	All others: Signature of an authorized person.	
	<u>Fees:</u>	
	Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25,00 \$125,00 \$30,00 (Optional) \$5,00 (Optional)