

L220 oco 36494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

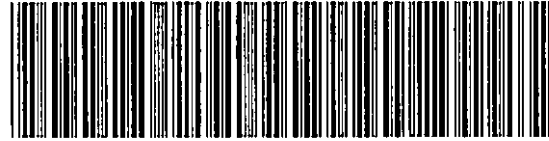
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400372674874

09/09/21--01019--016 \*\*150.00

FILED  
2021 OCT 25 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W21-124132

m



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2021

GUSTAVO CARLOS CHAVEZ  
MY EASY TRAVEL  
2875 NE 191TH ST., STE. 500  
AVENTURA, FL 33180

SUBJECT: MY EASY TRAVEL LLC  
Ref. Number: W21000124132

We have received your document for MY EASY TRAVEL 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):

Please complete the marked section in the Articles of Conversion. A signature is missing. Also, an address is required for the manager listed in Article IV of the Articles of Organization.

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

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

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 621A00022108

RECEIVED  
2021 OCT 25 PM 2:22  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2021 OCT 25 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** My Easy Travel

(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:

Gustavo Carlos Chavez

(Contact Person)

My Easy Travel

(Firm/Company)

2875 NE 191TH ST., SUITE 500

(Address)

AVENTURA FL US 33180

(City, State and Zip Code)

omar.empiregroup@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Omar Sanchez Guevara

at ( 305 ) 873-3731

(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)

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
--	---	---	--

**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 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:  
My Easy Travel

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on August 23, 2021  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
My Easy Travel LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: August 23, 2021

**(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.

**FILED**  
**2021 OCT 25 PM 3:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Signed this 27 day of August 2021

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: [Signature]  
Printed Name: Gustavo Carlos Chavez Title: Manager

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: [Signature] X  
Printed Name: OMAR SANCHEZ-ROSELLO Title: President

Signature: \_\_\_\_\_  
Printed Name: N/A Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: N/A Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: N/A Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: N/A Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: N/A Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

2021 OCT 25 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

My Easy Travel LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

### Principal Office Address:

2875 NE 191TH ST., SUITE 500  
AVENTURA, FL. 33180 US

### Mailing Address:

2875 NE 191TH ST., SUITE 500  
AVENTURA, FL. 33180 US

## 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:

Gustavo Carlos Chavez

Name

2875 NE 191TH ST., SUITE 500

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

AVENTURA

City

FL 33180


Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 OCT 25 PM 3:51

FILED

*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:**

"AMBR" = Authorized Member

"MGR" = Manager

Mgr

**Name and Address:**

Gustavo Carlos Chavez

\* 2875 NE 19th St. Ste. 500  
Aventura FL 33180

N/A

N/A

N/A

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

None

FILED  
2021 OCT 25 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**



**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.

Gustavo Carlos Chavez

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)