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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: ANFU HOLDINGS, LLC	
(Name of Re	esulting Florida Limited Company)
· · · · · · · · · · · · · · · · · · ·	cles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter to:
RALPH PADRON	
(Contact Person)	
PADRON & ASSOCIATES, INC.	
(Firm/Company)	
2095 W 76TH ST - SUITE 102	
(Address)	
HIALEAH, FL 33016	
(City, State and Zip Code)	
ralph@ralphpadron.com	
E-mail Address: (to be used for future annual re	eport notifications)
For further information concerning this ma	atter, please call:
RALPH PADRON	at (³⁰⁵) 818-0404
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amor dollars and drawn on a bank located in the	unt: (All checks processed by this office must be payable in US United States)
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.

(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of DELAWARE (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
02/26/2019 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:
ANFU HOLDING,S 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.)
<u>Note:</u> 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.

Signed this 7th day of March	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: NOREXA HENRIQUEZ	Title: MEMBER(
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Simon facto france que	- · · · · · · · · · · · · · · · · · · ·
Signature: And Fauting C. Printed Name: NOREXA HENRIQUEZ.	Title: MEMBER
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
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 In-	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of the Ceneral Farmer.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
ANFU HOLDINGS, LLC (Must contain the words "Limited Lial	bility Company, "L.L.C." or "LLC")
ARTICLE II - Address:	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2095 W 76TH ST	2095 W 76TH ST
SUITE 136	SUITE 136
HIALEAH, FL 33016	HIALEAH, FL 33016
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the PADRON & ASSOCIATES,	· ·
	ame
2095 W 76TH ST - SUITE 10	02
Florida street address (F	P.O. Box NOT acceptable)
HIALEAH	FL 33016
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	ed to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-

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

"MGR" = Manager	THE HOLD THE STREET	
AMBR	HENRIQUEZ, NOREXA	
	2095 W 76TH ST - SUITE 136	
	HIALEAH, FL 33016	
		
		
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		<u></u>
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(Use attachment if necessary)		~
		**! H: 50
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CLE V: Other provisions, if any.		00
CONTINUE TO USE THE EXISTING EIN:	83-4487706	
		_

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.

NOREXA HENRIQUEZ

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)