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(Requestor's Name)
(Address)
(Address)
(additional)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Localment Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to runing Officer.
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Office Use Only



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S. CHATHAM

APR 2 2 2022



March 31, 2022

JONATHAN G PEREZ 4396 AURORA STREET NAPLES, FL 34119 US

SUBJECT: NAJ OF NAPLES ENTERPRISES LLC

Ref. Number: W22000041845

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

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 622A00007550

Received Apr 5

COVER LETTER

Division of	Section Corporations					
SUBJECT: NAJ OF	NAPLÉS ENTERPRISE	S, LI	.C			
30bJEC1	NAPLES ENTERPRISE (Name of Re	sultin	g Florida Limi	ted Cor	npany)	
	es of Conversion, Artic o a "Florida Limited L		_			
Please return all cor	respondence concernin	g thi	s matter to:			
JONATHAN G PERE	Z					
	(Contact Person)			-		
	(Firm/Company)			-		
4396 AURORA STRE	ET			_		
	(Address)					AEE 2:
NAPLES, FLORIDA,	34119					22 APR -5 SEGRETARY ALL'AHASSIT
	(City, State and Zip Code)			•		ASS
E.PEREZSANTOS@	YAHOO.COM					3 F
E-mail Address: (to	be used for future annual re	port	notifications)	•		IPR-5 PM 8
For further information	ion concerning this ma	itter,	please call:			8:5
MICHAEL T. FOSTE	R, ATTY	at ((⁸⁵⁵	524-2	2606	9
(Name of Con	tact Person)			(Day	rtime Telephone Number)	<u> </u>
	for the following amount a bank located in the		•	rocess	sed by this office mus	st be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Ado New Filing S Division of O P.O. Box 63 Tallahassee,	Section Corporations 27			New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Su	ite 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: NAJ OF NAPLES ENTERPRISES INC
(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
(Enter state, or if a non-U.S. entity, the name of the country)
APRIL 5, 2021
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
NAJ OF NAPLES ENTERPRISES, 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.
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 1st	day of MARCH	20 <u>_</u> 20
Signature of Autho	rized Representativ	e of Limited Liability Company:
Signature of Author Printed Name: JONA	ized Representative: FHAN G PEREZ	jonathanperez Title: AUTHORIZED REPRESENTATIV
Signature(s) on beh	alf of Other Business	Entity: [See below for required signature(s)]
Signature: <u>jono</u>	thanperez	Title: PRESIDENT
Printed Name: JONA	THAN G. PEREZ	Title: PRESIDENT
		Title: VICE PRESIDENT
Signature:		Title:
Printed Name:		Title:
		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Directors or Office If Florida General F Signature of one Gen	in, Vice Chairman, Dir rs have not been select Partnership or Limite cral Partner. Partnership or Limite	rector, or Officer. ted, an Incorporator must sign. d Liability Partnership: d Liability Limited Partnership:
All athones		

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)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NAJ OF NAPLE	ES ENTERPRISES, LLC (Must contain the words "Limite	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II		the principal office of the Limited Liability Compan	u ie.
The maning at	datess and street address o	the principal office of the Emitted Elability Compan	ıy 15.
Principal Off	ice Address:	Mailing Address:	
4396 AURORA	STREET	4396 AURORA STREET	
NAPLES, FLOR	RIDA, 34119	NAPLES, FLORIDA, 34119	
(The Limited Liabi business entity wi	lity Company cannot serve as its ov th an active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another	
(The Limited Liabi business entity wi	lity Company cannot serve as its ov	n Registered Agent. You must designate an individual or another	
(The Limited Liabi business entity wi	lity Company cannot serve as its ov th an active Florida registration.) the Florida street address of	n Registered Agent. You must designate an individual or another	
(The Limited Liabi business entity wi	lity Company cannot serve as its over the an active Florida registration.) the Florida street address of the JONATHAN G PEREZ	on Registered Agent. You must designate an individual or another of the registered agent are:	
(The Limited Liabi business entity wi	lity Company cannot serve as its over the an active Florida registration.) the Florida street address of JONATHAN G PEREZ 4396 AURORA STREE	on Registered Agent. You must designate an individual or another of the registered agent are:	
(The Limited Liabi business entity wi	lity Company cannot serve as its over the an active Florida registration.) the Florida street address of JONATHAN G PEREZ 4396 AURORA STREE	n Registered Agent. You must designate an individual or another of the registered agent are: Name T s (P.O. Box NOT acceptable)	
(The Limited Liabi business entity wi	lity Company cannot serve as its over the an active Florida registration.) the Florida street address of JONATHAN G PEREZ 4396 AURORA STREET	n Registered Agent. You must designate an individual or another of the registered agent are: Name	

jonathanperez

(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	Name and Address:
'MGR" = Manager MGR	JONTHAN G PEREZ
WOIL	4396 AURORA STREET
	NAPLES, FLORIDA, 34119
	17 11 220, 1 201 (1871, 01110
MGR	EVELYN S PEREZ
	4396 AURORA STREET
	NAPLES, FLORIDA, 34119
	<u> </u>
/II.	
Use attachment if necessary)	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	thanperez
Signature of a member of This document is executed in accordance.	r an authorized representative of a member of ce with section 605.0203 (1) (b), Florida Statutes. I am where the cument to the Department of State constitutes a third desired fel
Signature of a member of any false information submitted in a doc as provided for in s.817.155, F.S. JONATHAN G. PEREZ	r an authorized representative of a member
Signature of a member of any false information submitted in a doc as provided for in s.817.155, F.S. JONATHAN G. PEREZ	\mathcal{F}_{c}