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| Special Instructions to Filing Officer: |
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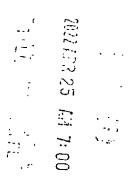
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RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations Division of Corporations Division of Corporations

April 8, 2022

ROLANDO VELASQUEZ VASQUEZ 13615 SE 53RD TERRACE SUMMERFIELD, FL 34491

SUBJECT: LA TORTILLA FELIZ, LLC

Ref. Number: W22000046878

We have received your document for LA TORTILLA FELIZ, 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):

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.

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.

Karen Lovelace Regulatory Specialist II

Letter Number: 022A00008199

COVER LETTER

| Division of C | | | | | | | |
|--|---|-------------------------------|-------------------------------|---|-------------------------|-----------------|-----|
| SUBJECT: LA TOR | TILLA FELIŽ, LLC | | | | | | |
| Sonate I. | (Name of Res | ailting Florida L | imited Cor | прану) | • | | |
| The enclosed Article Business Entity" into | s of Conversion, Artic a "Florida Limited Li | les of Organi ability Comp | zation, ar any'' in a | nd fees are submitted to accordance with s. 605 | o convert .1045, F.S | an "O! S. | her |
| Please return all corre | espondence concernin | g this matter | lo: | | | | |
| ROLANDO VELASQU | EZ VASQUEZ | | | | | | |
| | (Contact Person) | | | | | | |
| | (Firm/Company) | | | | | | |
| 13615 SE 53RD TERR | ACE | | | | | | |
| | (Address) | | | | | | |
| SUMMERFIELD, FL 34 | 1491 | | | | | | |
| | ity, State and Zip Code) | | | | | | |
| ROLANDOVELASQUE | Z138@YAHOO.COM | | | | | | |
| E-mail Address: (to b | 2 ased for finure annual re | рогі попійсаної | 18) | | | | |
| For further information | on concerning this ma | tter, please ca | dl: | | | | |
| ROLANDO VELASQUI | EZ VASQUEZ | at (352 | ,460- | 5269 vtime Telephone Number) | | | |
| (Name of Conta | et Person) | (Area C | ode) (Dag | ytime Telephone Number) | | | |
| | or the following amou a bank located in the | | | sed by this office must | t be payat | ole in U | JS |
| S \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | | | | | g m simbol se | 2022 | |
| Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassee, F | ection orporations 7 | | New Divis The C 2415 | t Address: Filing Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Sui hassee, FL 32303 | te 810 | MPR 25 MH 7: 00 | |

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 LA TORTILLA FIELZ CORP | he Articles of Conversion is: |
|---|----------------------------------|
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a | |
| 2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnersh | |
| First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. | entity, the name of the country) |
| 11/01/2021 | |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attac | hed Articles of Organization: |
| LA TORTILLA FELIZ, 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 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 requirement 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. |
| The "Converted or Other Business Entity" has agreed to pay any members having which such members are entitled under ss. 605,1006 and 605,1061-605,1072. F | |

Signed this 15 day of MARCH 20 33. Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: ROLANDO VELASQUEZ VASQUEZ Title: AMBR Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Silva Otranco Title: PRESIDENT Printed Name: SYLVIA B FRANCO Printed Name: Rolando Velasquez Vazquez Title: Vice President Signature: Printed Name: Title: _____ Signature: Printed Name: ______ Title: _____ Signature: ________ 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. 1f Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person. 19281 Articles of Conversion: \$25,00 Fees for Florida Articles of Organization: \$125,00

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status:

2 AFR 25 AH 7: 00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | is: | |
|---|--|--|
| LA TORTILLA FELIZ, LLC (Must contain the words "Limited Lia | bility Company, "L.L.C.," or "ELC.") | |
| ARTICLE II - Address: The mailing address and street address of the | e principal office of the Limited I | Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 13615 SE 53RD TERRACE SUMMERFIELD, FL 34491 | 13615 SE 53RD TERRACE SUMMERFIELD, FL 34491 | |
| ARTICLE III - Registered Agent, Registe (The I mitted Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the SYLVIA B FRANCO | egistered Agent. You must designate an indi | |
| N: | ime | |
| 13615 SE 53RD TERRACE | | |
| | P.O. Box <u>NOT</u> acceptable) | |
| SUMMERFIELD City | FL ³⁴⁴⁹¹ Zip | |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this caps statutes relating to the proper and comple accept the obligations of my position as | d to accept service of process for a d in this certificate, I hereby accep- pacity. I further agree to comply we de performance of my duties, and registered agent as provided for i | ot the appointment as with the provisions of at I am familiar with and in Chapter 605, F.S |
| | iignature (REQUIRED) | 0022 APR 25 AH 7: 00 |

ARTICLE IV-

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

| and a service of the second of | Name and Address: |
|---|--|
| "AMBR" = Authorized Member | |
| "MGR" Manager AMBR | SYLVIA B FRANCO |
| AWISIN | 13615 SE 53RD TERRACE |
| | SUMMERFIELD, FL 34491 |
| | |
| AMBR | ROLANDO VELASQUEZ VASQUEZ |
| | 13615 SE 53RD TERRACE |
| | SUMMERFIELD, FL 34491 |
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| (Use attachment if necessary) .F. V: Other provisions, if any. | |
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| Æ V: Other provisions, if any. | |
| .E.V: Other provisions, if any. | |
| EV: Other provisions, if any. | |
| .E V: Other provisions, if any. | |
| EV: Other provisions, if any. | |
| EV: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or | an authorized representative of a member |
| EV: Other provisions, if any. REQUIRED 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 |
| EV: Other provisions, if any. REQUIRED 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 |
| Signature of a member or This document is executed in a document as provided for in s.817.185, F.S. | an authorized representative of a member |
| Signature of a member or This document is executed in a document as provided for in s.817.185, F.S. SYLVIA B FRANCO | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware ment to the Department of State constitutes a third degree f |
| Signature of a member or This document is executed in a document as provided for in s.817.185, F.S. SYLVIA B FRANCO | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware ment to the Department of State constitutes a third degree for printed name of signce |
| EV: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any talse information submitted in a docur as provided for in s.817,155, F.S. SYLVIA B FRANCO | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am awan ment to the Department of State constitutes a third degree f |

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