Tag 000 398381

| (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: |
| epecial mendations to 1 ming emeci. |
| |
| |
| |
| |
| |
| |

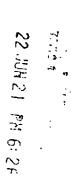
Office Use Only



200389431872

DE. 21. 22 -01081 | 60% | 4=160. Mg

S. CHATHAM JUL - 6 2022





June 14, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

POMARES ACCOUNTING SOLUTIONS

SUBJECT: EL PALENQUE PIZZERIA CORP

REF: W22000080029

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

Artilces of Conversion cannot be faxed. Artilces of Conversion, accompanied by the Articles of Organization, must be mailed in to this office.

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 FAX Aud. #: H22000203581 Letter Number: 222A00013307

COVER LETTER

| TO: New Filing Section Division of Corporations | | | |
|--|----------------------------------|--|--------------|
| SUBJECT: EL PANEQUE PIZERRIA LLO | 3 | | |
| SUBJECT: | Resulting Florida Li | mited Company) | |
| The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited | _ | | |
| Please return all correspondence concern | ing this matter t | o: | |
| IVON POMARES | | | |
| (Contact Person) | | | |
| POMARES ACCOUNTING SOLUTIONS, LI | LC | | |
| (Firm/Company) | | | |
| 3425 NW 14 ST | | | |
| (Address) | | | |
| MIAMI, FL 33125 | | | |
| (City, State and Zip Code |) | - | |
| IVISPOMARES@HOTMAIL.COM | | | |
| E-mail Address: (to be used for future annual | report notifications | <u>s)</u> | |
| For further information concerning this n | natter, please ca | II: | |
| IVON POMARES | at (<u></u> |)314-1371 | |
| (Name of Contact Person) | (Area Co | de) (Daytime Telephone Number) | |
| Enclosed is a check for the following amodollars and drawn on a bank located in the | • | | able in US |
| \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\ | s S180.00 Fil and Certified (| | |
| 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 | 22 JUN 21 FH |

Articles of Conversion

For

"Other Business Entity"

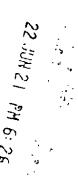
Into

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: EL PALENQUE PIZZERIA CORP |
|---|
| (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 |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| 08/02/2017 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: EL PALENQUE PIZZERIA, LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 08/01/2017 |
| (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.



| Signed this 10 day of JUNE | _20 <i></i> |
|---|--|
| Signature of Authorized Representative of Limi | |
| Signature of Authorized Representative: Printed Name: IVON POMARES | Title: INCORPORATOR |
| Signature(s) on behalf of Other Business Entity: [| |
| Signature: Printed Name: IVON AGMARES | Title: INCORPORATOR |
| 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 Officers have not been selected, an Inc. | Officer. corporator must sign. |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | v Partnership: |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners. | y 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

| pany, "L.L.C.," or "LLC.") al office of the Limite ailing Address: 85 PALM AVENUE ALEAH, FL 33012 ice, & Registered Ag gent. You must designate an | |
|--|---|
| al office of the Limite ailing Address: 85 PALM AVENUE ALEAH, FL 33012 ice, & Registered Aggent. You must designate an | ent's Signature: |
| al office of the Limite ailing Address: 85 PALM AVENUE ALEAH, FL 33012 ice, & Registered Aggent. You must designate an | ent's Signature: |
| al office of the Limite ailing Address: 85 PALM AVENUE ALEAH, FL 33012 ice, & Registered Aggent. You must designate an | ent's Signature: |
| ailing Address: 85 PALM AVENUE ALEAH, FL 33012 ice, & Registered Aggent. You must designate an | ent's Signature: |
| ailing Address: 85 PALM AVENUE ALEAH, FL 33012 ice, & Registered Aggent. You must designate an | ent's Signature: |
| 85 PALM AVENUE ALEAH, FL 33012 ice, & Registered Aggent. You must designate an | |
| ALEAH, FL 33012 ce, & Registered Aggent. You must designate an | |
| ALEAH, FL 33012 ce, & Registered Aggent. You must designate an | |
| gent. You must designate an | |
| gent. You must designate an | |
| | |
| | |
| | |
| NOT acceptable) | |
| FL 33125 | |
| Zip | |
| certificate, I hereby ac further agree to comp mance of my duties, a ed agent as provided f | or the above stated limited cept the appointment as ly with the provisions of all and I am familiar with and or in Chapter 605, F.S |
| , | certificate, I hereby acc further agree to compl rmance of my duties, ar |

ARTICLE IV-

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

| "AMBR" = Authorized Memb | er | |
|--|--|----------------------------|
| "MGR" = Manager | VANET COMEZ | |
| AMBR | YANET GOMEZ | |
| | 5485 PALM AVENUE | |
| | HIALEAH, FL 33012 | |
| AMBR | REINIER LEZCANO | |
| | 5485 PALM AVENUE | |
| | HIALEAH, FL 33012 | |
| AMBR | YASMANY DEL TORO | |
| | 5485 PALM AVENUE | |
| | HIALEAH, FL 33012 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| (He attachment if necessary) | | |
| (Use attachment if necessary) | | |
| , , , , , , , , , , , , , , , , , , , | | |
| (Use attachment if necessary) LE V: Other provisions, if any. | | |
| , , , , , , , , , , , , , , , , , , , | | |
| REQUIRED SIGNATURE: Signature of a member of the document is executed in accordance. | | I am aware |
| REQUIRED SIGNATURE: Signature of a member of the document is executed in account any false information submitted in | per or an authorized representative of a merordance with section 605.0203 (1) (b), Florida Statutes. | I am aware rd degree fo |
| REQUIRED SIGNATURE: Signature of a member of the second o | per or an authorized representative of a merordance with section 605.0203 (1) (b), Florida Statutes. | I am aware |





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to convert an "Other Business Entity" into a "Florida Limited Liability Company" pursuant to section 605.1045, Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

Pursuant to s. 605.0102(23)a, F.S., entity means: a business corporation, a nonprofit corporation, a general partnership, including a limited liability partnership, including a limited partnership, including a limited liability limited partnership; a limited liability company; a real estate investment trust; or any other domestic or foreign entity that is organized under an organic law.

Filing Fees: \$150.00 (\$25 for Articles of Conversion and

\$125 for Articles of Organization)

Certified Copy (optional): \$30.00

Certificate of Status (optional): \$5.00

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information, you may contact the New Filing Section at (850) 245-6052.

Important Notice: As a condition to the conversion, pursuant to s.605.0212(9), F.S., each party to the conversion must be active and current through December 31 of the calendar year this document is being submitted to the Department of State foo filing.

INHS11 (7/17)