L22000495268

| (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 |



800397629948

COVER LETTER -

| TO: New Filing Section Division of Corporations | | |
|---|-----------------------------|---|
| SUBJECT: Cherrie and Fernando LL | С | |
| (Nam | e of Resulting Florida Limi | ed Company) |
| | | on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S. |
| Please return all correspondence con | cerning this matter to: | |
| Cherrill Palacios | | |
| (Contact Person | 1) | - |
| Cherrie and Fernando LLC | | |
| (Firm/Company | | - |
| 1631 Del Prado Blvd S Ste 300 | | |
| (Address) | · | - |
| Cape Coral FL 33990-6740 | | |
| (City, State and Zip | Code) | |
| cherrieski@yahoo.com | , | |
| E-mail Address: (to be used for future a | nnual report notifications) | - |
| For further information concerning t | his matter please call: | |
| Cherrill Palacios | 707 | 332-7559 |
| Chemii Falacios | at (|) |
| (Name of Contact Person) | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following dollars and drawn on a bank located | • | processed by this office must be payable in US |
| \$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\text{S155,00 Filing} \text{ and Certificate o} \text{ Status} | g Fees | |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 | | Street Address: New Filing Section Division of Corporations The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

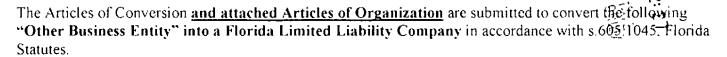
Tallahassee, FL 32314

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company



| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Cherrie and Fernando LLC |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| California |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on O2/12/2018 (date of organization, formation or meorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Cherrie and Fernando 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.) 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 |

- 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 4 day of November | 2020 | |
|---|--|--|
| Signature of Authorized Representative | 1///. / = 1 | |
| Signature of Authorized Representative: Printed Name: Cherrill Palacios | Title: Owner/Individual | |
| Signature(s) on behalf of Other Busines | s Entity: See below for required signature(s) | _ |
| Signature: | | |
| Printed Name: Fernando Paracios | Title: General Partner | - |
| , | | |
| Printed Name: | Title: | - - |
| Signature: | | _ |
| Printed Name: | Title: | - 2 |
| Signature: | | MAZ NOY 14 PH 12: 28 |
| Printed Name: | Title: | TO THE PROPERTY OF THE PROPERT |
| Signature: | | - 155 |
| Printed Name: | Title: | |
| Signature: | | - 62 |
| Printed Name: | Title: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, D If Directors or Officers have not been sele | | |

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: | |
|---|--|
| The name of the Limited Liability Company is: | |
| | |
| Cherrie and Fernando LLC | |
| (Must contain the words "Limited Liability | Company, "L.L.C.," or "LEC.") |
| ARTICLE II - Address: The mailing address and street address of the print | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| Cherrie and Fernando LLC | Cherrill Palacios |
| 1631 Del Prado Blvd S Ste 300 | 4213 SW 14th Ave |
| Cape Coral FL 33990-6740 | Cape Coral, FL 33914 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) | red Agent. You must designate an individual or another |
| The name and the Florida street address of the re | gistered agent are: |
| Cherrill Palacios | |
| Name | gistered agent are: |

Cape Coral FL 33990-6740

City Zip

and been named as registered agent and to accept service of process for the a

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

/631 Del Prado Blvd S Ste 300

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: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | 01 31 0 1 33 3 |
| MGR | Cherrill Palacios |
| | 4213 SW 14th Ave |
| | Cape Corat, FL 33914 |
| MGR | Fernando Palacios |
| | 4213 SW 14th Ave |
| | Cape Coral, FL 33914 |
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| CLE V: Other provisions, if any. | Juny 1 |
| REQUIRED SIGNAPURE: | Juy! |
| REQUIRED SIGNATURE: Signature of a member or an | n authorized representative of a member |
| REQUERED SIGNATURE: Signature of a member or at This document is executed in accordance w | n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that |
| REQUERED SIGNATURE: Signature of a member or at This document is executed in accordance w | n authorized representative of a member |
| REQUIRED SIGNATURE: Signature of a member or at This document is executed in accordance wany false information submitted in a document. | n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ent to the Department of State constitutes a third degree felony |
| REQUERED SIGNAPURE: Signature of a member or at This document is executed in accordance wany false information submitted in a docume as provided for in s.817,155, F.S. Chercil Palacios | n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that |

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)