123000051603

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
. Fed Copies Certificates of Status
ec.at Instructions to Filing Officer

Office Use Only



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10/11/22--01032--010 **150.00

SECRETARY OF STATE

FILE D

October 19, 2022

EFRAIM LOPEZ 6900 TAVISTOCK LAKES BLVD STE 400 ORLANDO, FL 32827

SUBJECT: COLF LLC

Ref. Number: W22000132168

We have received your document for COLF 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):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

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 (850) 245-6052.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 922A00023415



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to convert an "Other Business Entity" into a "Florida Limited Liability Company" purs 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 company; a real estate investment trust; or any other domestic or forcentity 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 requirement: complete the attached cover letter.

Mailing Address:	
New Filing Section	
Division of Corporations	
P.O. Box 6327	
Tallahassee, FL 32314	

Street Address:	83
New Filing Section	ည်
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 for filing.

INHS11 (7/17)

COVER LETTER

Division of O	Corporations						
SUBJECT: COLF L	LC						
	(Name of Re	sulting Florida I.	imited Co	ompany)			
The enclosed Article Business Entity" into	es of Conversion, Artico a "Florida Limited L	cles of Organi liability Comp	zation, a any" in :	nd fees are submitted accordance with s. 605	to convert 5.1045, F.	t an "(S.	Othe
Please return all con	respondence concernir	ng this matter t	o:				
DANIEL COLMENARI	ES						
	(Contact Person)						
COLF LLC							
	(Firm/Company)	_					
7901 NW 7th AVE AP	T 209						
	(Address)						
MIAMI, FL 33150							
(1	City, State and Zip Code)	<u>. </u>					
colfappliancerepair@g	mail.com						
E-mail Address: (to b	e used for future annual re	port notifications	;)		FAI	23	
For further informati	on concerning this ma	tter, please cal	11:		CRE	3 FEB	プロロロ
DANIEL COLMENARE	S	at (³⁰⁵	_\ 775-	6426	ASS ASS	ည်	1
(Name of Conta	tet Person)	· · · ·	de) (Day	ytime Telephone Number)		2	
Enclosed is a check t dollars and drawn on	or the following amou a bank located in the	int: (All check United States)	s proces	sed by this office mus	it be payab		US
\$150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fill and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Add	ress:		Stree	t Address:			
New Filing So				Filing Section			
Division of C			Divis	ion of Corporations			
P.O. Box 632	1		The C	Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

New Filing Section

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 s.605.1045, Florida Limited Liability Company in accordance with s.605.1045. Statutes.

1. The name of the "Other Business Entity" immediately COLF LLC	prior to the filing of the Articles of Conversion is
(Enter Name of Other Business	Entity)
2. The "Other Business Entity" is a LLC	
(Enter entity type: Example: corporation, limited part	nership, general partnership, common law or business trust.
First organized, formed or incorporated under the laws of (Er	GEORGIA CORPORATIONS DIVISION
on 01/16/2021 (date of organization, formation or incorporation)	CRETAR -3
3. The name of the Florida Limited Liability Company as	set forth in the attached Articles of Organization
COLF LLC	7
(Enter Name of Florida Limited Liability	(Company)
4. If not effective on the date of filing, enter the effective of (The effective date: Cannot be prior to date of receipt of the date this document is filed by the Florida Department of the date inserted in this block does not meet the applicable stadocument's effective date on the Department of State's records.	or filed date nor more than 90 calendar days afte ent of State.)
5. The plan of conversion has been approved in accordance	e 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 05 day of December	·
Signature of Authorized Representative of Lin	mited Liability Company:
()	2-1
Signature of Authorized Representative:	
Signature of Authorized Representative: Printed Name: DANIEL COLMENARES	fille: MGR
Signature(s) on behalf of Other Business Entity	[See below for required signature(s)]
Signature: Printed Name: DANIET COLMENARES	
Printed Name: DANIEL COLMENARES	Tide, MCP
Timed Name: BANKE OCEMENANCES	Title: MGR
Signature:	
Printed Name:	Title
	Title.
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
C'a	
Signature:	
Printed Name:	Inte:
Signature	
Signature:Printed Name:	Title
· · · · · · · · · · · · · · · · · · ·	ride
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	r Officer.
If Directors or Officers have not been selected, an I	ncorporator must sign.
	- in
If Florida General Partnership or Limited Liabi	lity Partnership:
Signature of one General Partner.	<u> </u>
MC FD . A	lity Limited Partnership:
If Florida Limited Partnership or Limited Liabil	ity Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Signature of an authorized person.	
Fces:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	
Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Communic of Status,	るっ.vv (Optional)

\$5.00 (Optional)

FILED

23 FEB -3 AHII: 07

SECRETARY OF STATE OF

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

ARTICLE 1 - Name:

COLF LLC			
	(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
The mailing add	dress and street address of the	e principal office of the Limit	ed Liability Company
Principal Offic	e Address:	Mailing Address:	
7901 NW 7th AVI	E APT 209	7901 NW 7th AVE APT 20) 9
MIAMI, FL 33150	- 	MIAMI, FL 33150	
ARTICLE III -	Registered Agent, Registe	ered Office, & Registered Agegistered Agent. You must designate ar	gent's Signature:
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Registe	ered Office, & Registered Agegistered Agent. You must designate an	individual or another SECR
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Registery Company cannot serve as its own Rean active Florida registration.) Reference Florida Street address of the DANIEL COLMENARES	ered Office, & Registered Agegistered Agent. You must designate an	rindividual or another 23 FEB -3 SECRETARY FALL AHASSE
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Registery Company cannot serve as its own Rean active Florida registration.) Reference Florida Street address of the DANIEL COLMENARES	ered Office, & Registered Agegistered Agegistered Agent. You must designate and the registered agent are:	rindividual or another 23 FEB -3 A SECRETARY O ALLAHASSEE
ARTICLE III - (The Limited Liability business entity with	PRegistered Agent, Registery Company cannot serve as its own Rean active Florida registration.) The Florida street address of the DANIEL COLMENARES No. 7901 NW 7th AVE APT 209	ered Office, & Registered Agegistered Agegistered Agent. You must designate and the registered agent are:	rindividual or another 23 FEB -3 A SECRETARY O ALLAHASSEE
ARTICLE III - (The Limited Liability business entity with	PRegistered Agent, Registery Company cannot serve as its own Rean active Florida registration.) The Florida street address of the DANIEL COLMENARES No. 7901 NW 7th AVE APT 209	ered Office, & Registered Agegistered Agegistered Agent. You must designate and the registered agent are:	TALLAHASSEE

Having been named as registered agent and to accept service of process for the above stated limite 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 a statutes relating to the proper and complete performance of my duties, and I am familiar with ana accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Docusign Envelope ID: 378E4866-781F-4664-A74A-616A85199F0B
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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	
MGR	DANIEL COLMENARES
	7901 NW 7th AVE APT 209
	MIAMI, FL 33150
	
	
	
(Use attachment if necessary)	
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	SET SET
CLE V: Other provisions, if any.	
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	E C P I I I I I I I I I I I I I I I I I I
REQUIRED SIGNATURE:	
	··
Signature of a member or a	n authorized representative of a member
any false information submitted in a docum	vith section 605.0203 (1) (b), Florida Statutes. I am aware tha ent to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S.	- Docusigned by:
DANIEL COLMENARES	a-/

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)