# L23000 130997

(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: W22000124236

Office Use Only



000394308220

07 119, 20 (-01020 (-022 - \*+150.00

3/10/23





# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2022

JASMINE MONTERO 11954 NARCOOSSEE RD SUITE 413 ORLANDO, FL 32832 US

SUBJECT: MONTERO PROPERTY GROUP LLC

Ref. Number: W22000124236

We have received your document for MONTERO PROPERTY GROUP 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):

PLEASE COMPLETE ALL HIGHLIGHT AREA AND COMPLETE 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, please call (850) 245-6052.

Hyacinth LeBlanc Regulatory Specialist II

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6052 and press 4. Your call will be answered in the order it is received.

Hyacinth LeBlanc
ANNUAL REPORTS SECTION

Letter number: 822A00021824

Letter Number: 822A00021824

New Filing Section

## **COVER LETTER**

Division of Co				
	operty Group LLC			
SUBJECT:				
	(Name of Res	ulting Florida Lim	ted Con	прапу)
		•		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corres	pondence concernin	g this matter to:		
Jasmine Montero				
Montero Property Group	(Contact Person) LLC		-	
11954 Narcoossee Rd Se	(Firm/Company) uite 413		-	
	(Address)	<u> </u>	<b>-</b>	
Orlando, FL 32832				
(Cit thempghomes@gmail.co	y, State and Zip Code) m		-	
E-mail Address: (to be	used for future annual re	port notifications)	-	
For further information	concerning this ma	tter, please call:		
Jhanior Montero		404	409-9	9289
(Name of Contact	Person)	_at ( (Area Code	_) ) (Day	rtime Telephone Number)
Enclosed is a check for dollars and drawn on a		•	process	sed by this office must be payable in US
(\$25 for Conversion a	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addre New Filing Sec Division of Cor P.O. Box 6327	tion		New I Divisi	t Address: Filing Section ion of Corporations 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

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:  Montero Property Group LLC
(Enter Name of Other Business Entity)
limited liability company
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  North Carolina
First organized, formed or incorporated under the laws of
First organized, formed or incorporated under the laws of
on .
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Montero Property Group 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 th	nis <u>14</u>	day of September		_ 20 <i>_<b>26</b>,</i>	
Signatur	e of Authori	zed Representative	e of Limit	ted Liability Company:	
Signature Printed N	e of Authorize lame:Jasmine M	ed Representative: Montero	Chan	Title: member	•
Signatur	e(s) on behalf	of Other Business	Entity: [S	See below for required signature(s)	
Signature	: James	narhman		Title: <u>Ouner</u>	_
Printed N	lame:	Sonine Monta	<u> </u>	Title: <u>Owner</u>	
Signature Printed N	:lame:			Title:	
Signature Printed N	:			Title:	
					•
Printed N	lame:			Title:	
Signature Printed N	:  ame:			Title:	
Signature	÷				
Printed N	lame:			Title:	
Signature		Vice Chairman, Dir		Officer. corporator must sign.	
	a General Par of one General	rtnership or Limite al Partner.	ed Liabilit	y Partnership:	
	a Limited Par s of <u>ALL</u> Gen		d Liability	y Limited Partnership:	
All other Signature	s: of an authoriz	zed person.			
Fees:					
F C	rticles of Cor ees for Florid ertified Copy ertificate of S	a Articles of Organ	ization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11954 Narcyossæ Rd Svite 913 Orlando, FL 32832	1.1954 Naccoossee Rd Svite 413 Oxlando, FL 32832
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Jasmine Mont	ero

Name

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

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)



<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager M CTR	Josnine Montro
141 911	•••
	3613 Mandain DR Kosmmer, FL 31
<del></del>	
(Use attachment if necessary)	
(Ose undermient it necessary)	
REQUIRED SIGNATURE:	
Spanisarchited	
Signature of a member of	or an authorized representative of a member
Signature of a member of This document is executed in accordan	or an authorized representative of a member ace with section 605.0203 (1) (b), Florida Statutes, I am aware that
Signature of a member of This document is executed in accordan	or an authorized representative of a member nee with section 605,0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felony
Signature of a member of This document is executed in accordan any false information submitted in a document as provided for in s.817.155, F.S.	nce with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felony
Signature of a member of This document is executed in accordan any false information submitted in a document as provided for in s.817.155, F.S.	ace with section 605,0203 (1) (b), Florida Statutes. I am aware that
Signature of a member of This document is executed in accordan any false information submitted in a docas provided for in s.817.155, F.S.	Typed or printed name of signee  Filing Fees
Signature of a member of This document is executed in accordant any false information submitted in a document in a sprovided for in s.817.155, F.S.	Typed or printed name of signee  Filing Fees S of Organization and Designation of Registered Agent
Signature of a member of This document is executed in accordan any false information submitted in a docas provided for in s.817.155, F.S.	Typed or printed name of signee  Filing Fees  s of Organization and Designation of Registered Agent  S 5 00 Certificate of Status (Optional)
Signature of a member of This document is executed in accordant any false information submitted in a document in a sprovided for in s.817.155, F.S.	Typed or printed name of signee  Filing Fees S of Organization and Designation of Registered Agent  S 5 00 Certificate of Status (Ontional)
Signature of a member of This document is executed in accordant any false information submitted in a document in a sprovided for in s.817.155, F.S.	Typed or printed name of signee  Filing Fees S of Organization and Designation of Registered Agent

ARTICLE IV-