L23000234370

(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



100407310761

Carrier St. Committee Committee Committee

1023 ** 25 PM 2: 14 11.13411 11.136107

COVER LETTER

Division of C	orporations					
SUBJECT: Juliia So	to LLC					
SOBJECT:	(Name of Res	ulting Florida Li	mited Con	npany)		
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.		
Please return all corr	espondence concernin	g this matter to):			
Daniella Santana						
	(Contact Person)					
Salver & Cook LLP						
<u> </u>	(Firm/Company)					
2721 Executive Park D	Drive, Suite 4					
	(Address)					
Weston, Florida 33331	ı					
(6	City, State and Zip Code)					
d.santana@psccpas.c	om					
E-mail Address: (to b	e used for future annual re	port notifications	•)			
For further informati	on concerning this ma	tter, please cal	1:			
Daniella Santana		at (⁹⁵⁴	չ 3891	333		
(Name of Conta	ect Person)	_ \	de) (Day	rtime Telephone Number)		
	or the following amou a bank located in the			sed by this office must be payable in US		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 File and Certified C	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Add	ress:			t Address:		
New Filing S	ection			Filing Section		
				Division of Corporations		
P.O. Box 632	. /		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 <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: Miami Casa INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
03/03/2023
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Juliia Soto 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.
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 April		20 <u>23</u> .	
Signature (of Authori	zed Representative	e of Limite	ed Liability Company:	
Signature o	of Authorize ne:Juliia Sot	ed Representative:	Till I	Title: President	
				ee below for required signature(s)	
-	Tity.				
Printed Nan	ne:Juliia Sot	.0		Title: Member	
Signature:				Title:	
Printed Nan	ne:			Title:	_
Signature:					
Printed Nan	ne:		<u>-</u>	Title:	_
Signature:					
Printed Nan	ne:			Title:	_
Signature:					
Printed Nan	ne:			Title:	
Signature:					
Printed Nan	ne:			Title:	_
If Florida (Cornoratio	n•			
		 Vice Chairman, Dii	rector, or O	fficer.	
If Directors	or Officers	have not been selec	ted, an Inco	orporator must sign.	
If Florida (General Pa	rtnership or Limite	d Liability	Partnership:	
Signature o					
If Florida I Signatures o	<mark>Limited Pa</mark> of <u>ALL</u> Ger	rtnership or Limite neral Partners.	d Liability	Limited Partnership:	
All others: Signature o		zed person.			
Fees:					
Fee Cer	icles of Cors s for Florid tified Copy tificate 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 Compar	ny is:	
Juliia Soto LLC		
(Must contain the words "Limited i	liability Company, "L.L.C.," or "LL.	C.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Li	imited Liability Company is:
Principal Office Address:	Mailing Address:	
41 SE 5TH ST, UNIT 2306	41 SE 5TH ST, UNIT	2306
MIAMI, FL 33131	MIAMI, FL 33131	
		·
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	
Salver & Cook LLP		
ì	Name	
2721 Executive Park Driv Florida street address	ve, Suite 4 (P.O. Box <u>NOT</u> acceptable)
Weston	FL 33331	
City	Zip	
Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constatutes relating to the proper and compacted the obligations of my position. Registered Agent's	ted in this certificate, I hereb capacity. I further agree to collete performance of my duti	by accept the appointment as comply with the provisions of all es and I am familiar with and
		202
(CON	STINUED)	2023 APK 25
		P 1.
		1 2: 14 1 2: 14

ARTICLE IV-

Juliia Soto

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

<u>Title:</u>				
"AMBR" = Authorized Member				
"MGR" = Manager				
MBR	Juliia Soto			
	41 SE 5TH ST, UNIT 2306			
	MIAMI, FL 33131			
(Use attachment if necessary)				
(Ose attachment in necessary)				
ICLE V: Other provisions, if any.				
ICLE V. Other provisions, it any.				
				
REQUIRED SIGNATURE:				
REQUIRED SIGNATURE.				
Signature of a member of	r an authorized representative of a member			
any false information submitted in a docu	ce with section 605.0203 (1) (b). Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felor			
as provided for in s.817.155, F.S.	ament to the Department of State Constitutes a find degree letor			

Typed or printed name of signee

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)

11:5 PM 5: 11