# L23000289503

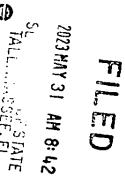
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(2000)
Certified Copies Certificates of Status
Serunda dopted
Special Instructions to Filing Officer:





300409383073

05/31/23+-01640--014 \*\*:50.01



# **COVER LETTER**

<b>TO:</b> New Filing S Division of C						
SUBJECT: ALAS H	OME USA, INC					
SOBJECT:		sulting Florida Lin	nited Company)	<del></del>		
	s of Conversion, Artic o a "Florida Limited L					
Please return all corr	espondence concernin	g this matter to	:			
AMAURY FABIAN						
	(Contact Person)		_			
ACCOUNTAX OFFICE	E SERVICES CORP					
	(Firm/Company)		_			
7590 NW 186TH ST S	TE 108					
	(Address)		_			
HIALEAH, FL. 33015						
	City, State and Zip Code)		_			
ACCOUNTAXFORMS	@HOTMAIL.COM					
E-mail Address: (to b	e used for future annual re	port notifications)	<del></del>			
For further informati	on concerning this ma	tter, please call	:			
AMAURY FABIAN		_at (_305	698-7829			
(Name of Conta	ict Person)	(Area Cod	c) (Daytime Telephone N	Vumber)		
	or the following amou a bank located in the		processed by this offi	ce must be paya	able in US	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fifir and Certified Co		and		
or organization)				GD.	)	
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		Street Address: New Filing Section Division of Corporal The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	nassee eet, Suite 8106	2023 HAY 31 AH 8:	ת = ח

### **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: ALAS HOME USA INC P20000 40 915
(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)
06/10/2020 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:
ALAS HOME USA, 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 day of	
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Penrapontative & 150	da leanti
Signature of Authorized Representative: x Son Printed Name: SANDRA JEANTY	Title: AMBR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: X Sandla Jeanty	
Printed Name: SANDRA JEANTY	Title: AMBR
Signature:	-
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Little:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tisla
ranned Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	tu Partnarchine
Signature of one General Partner.	ty rarthership.
•	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
·	
<u>Fees:</u>	
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:			
ALAS HOME USA, LLC (Must contain the words "Limited Liability	y Company, "L.E.C.," or "Ll.C.")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited L	liability Co	mpany is:
Principal Office Address:	Mailing Address:		
22058 GREENWICH COURT E BOCA RATON, FL 33428	22058 GREENWICH COURT BOCA RATON FL 33428	E	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.  SANDRA JEANTY  Name	ered Agent. You must designate an indi		
22058 GREENWICH COURT	F		
Florida street address (P.O			
BOCA RATON	FL <sup>33428</sup>		
City	Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p accept the obligations of my position as reg	n this certificate. I hereby accep ity. I further agree to comply v performance of my duties, and	ot the appoi with the pro Lam familia	ntment as visions of all ir with and
1 Sandla Jeanty		Ø	
Registered Agent's Sign	nature (REQUIRED)	5.	202

(CONTINUED)

A	R	ΤI	CI	LE	ľ	٧-

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

DASARSTS A. J. 2 3 5 4 1	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	CANIDDA IFANITY	
AMBR	SANDRA JEANTY	
	22058 GREENWICH COURT E	
	BOCA RATON, FL 33428	
AMDD	NODA VADOAS CAICEDO	
AMBR	NORA VARGAS CAICEDO	
	22058 GREENWICH COURT E	
	BOCA RATON, FL 33428	
<del></del>		
(11: 4: 1 4:6 2		
(Use attachment if necessary)		
LE V: Other provisions, if any.		
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes, I am av ument to the Department of State constitutes a third degr	vare ee fe
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document is executed in accordance.	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes, I am av ument to the Department of State constitutes a third degr	vare ee fe
REQUIRED SIGNATURE:  L. Sandle Jeanty  Signature of a member of This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.  L. Sandle Jean	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes, I am avument to the Department of State constitutes a third degr	ee fe
Signature of a member of This document is executed in accordance any false information submitted in a document of the submit	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes, I am assument to the Department of State constitutes a third degraped or printed name of signee	ee fe
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document of the submitted in a d	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes, I am assument to the Department of State constitutes a third degraped or printed name of signee  Filing Fees of Organization and Designation of Register (Q)	red
Signature of a member of This document is executed in accordance any false information submitted in a document of a provided for in s.817.155, F.S.	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes, I am assument to the Department of State constitutes a third degraped or printed name of signee  Filing Fees of Organization and Designation of Register (Q)	ee fe
Signature of a member of This document is executed in accordance any false information submitted in a document of a provided for in s.817.155, F.S.	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes, I am assument to the Department of State constitutes a third degraped or printed name of signee  Filing Fees of Organization and Designation of Register (Q)	red .
Signature of a member of This document is executed in accordance any false information submitted in a document of a provided for in s.817.155, F.S.	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes, I am assument to the Department of State constitutes a third degraped or printed name of signee  Filing Fees of Organization and Designation of Register (Q)	red .