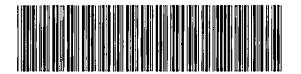
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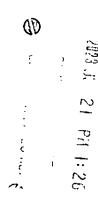
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	i

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 27, 2022

ANNETTE PEREZ 111 E MANUMENT AVE STE 404 KISSIMMEE, FL 34741

SUBJECT: GRUPO MANIA CORP Ref. Number: W22000070752



We have received your document for GRUPO MANIA CORP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Upon receipt of your document no check was enclosed. Please send a check or money order payable to Department of State for \$150.00. Your documentwill be retained in our pending file.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P18000059152.

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.

Karen Lovelace Regulatory Specialist II

Letter Number: 822A00012142

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Grupo Mania Corp			
(Name of Re	sulting Florida Limit	ed Compa	ny)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	•		
Please return all correspondence concernin	g this matter to:		
Annette Perez			
(Contact Person)			
Anez Capital Group, Inc			
(Firm/Company)			
111 E Monument ave, suite 404			
(Address)	/ *		
Kissimmee, Florida 34741			
(City, State and Zip Code)			
anezcapitalgroup@gmail.com			
E-mail Address: (to be used for future annual re	eport notifications)		
For further information concerning this ma	uter, please call:		
Annette Perez	_at (<u>407</u>	668-225	59
(Name of Contact Person)	(Area Code)	(Daytin	ne Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		rocessed	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 Filing and Certified Cop	y C	AST85.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327		Division	ddress: ing Section of Corporations are of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

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:

GRUPOMANIA CORP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a C 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
on 07/05/2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: GRUPOMANIA 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.

2)	·
Signed this 2014 day of APRIL	20 2 3
orgined into	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: ANNETTE PEREZ	
Printed Name ANNETTE PEREZ	Ditle: ADMINISTRATOR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name HECTOR I SERRANO	
Printed Name HECTOR I SERRANO	Title: MGRM
Signature:	rr. 1
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
C:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Componetions	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
Signature of the General Function	
<u> If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
All others: Signature of an authorized person.	
P	
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 I - Name: The name of the Limited Liability Company is:		
GRUPOMANIA LLC		
(Must contain the words "I.	imited Liability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	

Principal Office Address:	Staming Address:
HECTORISERRANO 111. E. MONOMON QUE, 404 Kissimme, FI 34741	111 E MONUMENT AVE, SUITE 404, KIESIMAN FL 34741

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

HECTOR I SERRANO	
	Name
ILLE Moh ument	ave HOH (P.O. Box NOT acceptable)
Florida street address	(P.O. Box NOT acceptable)
KISSIMMEE	FL 34741
City	Zip

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:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGRM	HECTOR I SERRANO
	
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:)
plate	Deveno

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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)