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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Chity Name)
(Document Number)
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SECRETARY OF STATE

COVER LETTER

	ng Section of Corporations					
SUBJECT: BAR	ZAGA WELDING LLC					
GCBGECT		sulting Florida Lin	nited Comp	pany)		
The enclosed Art Business Entity"	icles of Conversion, Arti- into a "Florida Limited L	cles of Organiza iability Compar	tion, and y" in acc	fees are submitted to cordance with s. 605.1	convert an "Other 045, F.S.	
Please return all	correspondence concernit	ng this matter to:				
MARTA M. FUER	TES, CPA					
MARTA M. FUER	(Contact Person)		_			
	(Firm/Company)	_	_			
12186 SW 131 AV	• • • • • • • • • • • • • • • • • • • •					
	(Address)	· · · -	-			
MIAMI, FL 33186						
	(City, State and Zip Code)	<u>. </u>				
mmfuertes@mfue	tescpa.com					
E-mail Address:	(to be used for future annual re	eport notifications)				
For further inform	nation concerning this ma	atter, please call:				
MARTA M. FUER	TES, CPA	at (³⁰⁵)234-98	60		
(Name of C	Contact Person)	(Area Code	c) (Dayti	me Telephone Number)	_	
Enclosed is a che dollars and drawn	ck for the following amount on a bank located in the	unt: (All checks United States)	processe	d by this office must b	pe payable in US	
■ \$150.00 Filing For (\$25 for Conversion & \$125 for Articles of Organization)	es Status	S180.00 Filing and Certified Co	ру	S185.00 Filing Fees, Certified Copy, and Certificate of Status	2023 JUL = 3 SECRETAR TALLAHA	7
P.O. Box	g Section of Corporations		New Fi Divisio The Ce	Address: ling Section n of Corporations ntre of Tallahassee . Monroe Street, Suite	PM 2: 17 OF STATE SSEE, FL	

Tallahassee, FL 32303

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 Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(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.)
FLORIDA FIRST organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
FEBRUARY 27, 2020
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BARZAGA WELDING LLC
(Enter Name of Florida Limited Liability Company)
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 he 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 locument's effective date on the Department of State's records.
The plan of conversion has been approved in accordance with all applicable statutes.
5. The "Converted or Other Business Entity" has agreed to pay any members having appraisal tights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

•		
Signed this	day of JUNE	20
Signature of Au	thorized Representative	of Limited Liability Company:
		(M)
Signature of Auth	norized Representative: 👱	
Printed Name: JU/	AN C BARZAGA PEREZ	Title: AMBR
Signature(s) on b	ehalf of Other Business I	\ <u>Entity:</u> [See below for required signature(s)]
Signature: 'Printed Name: J\footnote{\Psi}	12	Total State (S)
Signature:		
Printed Name: J\psi	AN C BARZAGA PEREZ	Title: PRESIDENT
<u> </u>		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:	·	
Printed Name:		Title:
Signature:	<u> </u>	
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corpo		
	rman, Vice Chairman, Dire	ector or Officer
		ed, an Incorporator must sign.
	al Partnership or Limited	Liability Partnership:
Signature of one C	General Partner.	
If Florido 1 ::4-	d Danie	T
Signatures of AT I	d Partnership or Limited L General Partners.	Liability Limited Partnership:
organics or ALI	ochoral Faturets.	
All others:		
Signature of an au	thorized person.	
-	•	

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees:

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

2023 JUL = 3 PH 2: 18 SECRE FARY OF STAT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
BARZAGA WELDING LLC	
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15398 SW 69TH LN	15398 SW 69TH LN
MIAMI, FL 33193	MIAMI, FL 33193
The name and the Florida street address o JUAN C BARZAGA PEI 15398 SW 69TH LN Florida street address	
MIAMI	FL 33193
City	Zip
liability company at the place designed registered agent and agree to act in this statutes relating to the proper and compacted the obligations of my position Registered Agent'	and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of a plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter, 605, F.S., as Signature (REQUIRED)

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 AMBR	ILIANI C DADZACA DEDEZ
MINDL	JUAN C BARZAGA PEREZ
	15398 SW 69TH LN
	MIAMI, FL 33193
	
	
	
	
(Use attachment if necessary)	
(Ose attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
12	
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 t
any false information submitted in a document	nent to the Department of State constitutes a third degree fel
as provided for in s.817.155, F.S.	·
JUAN C BARZAGA PEREZ	
	ped or printed name of signee
• 71	Filing Fees
	THE TES

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)