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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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04/20/23--01019--010 **150.00

ALL SSS CONTRACTOR

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: OSANES PUBLICITY AND MED	IA MARKETING IN	IC			
(Name of Res	sulting Florida Limite	ed Company)			
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	iability Company	on, and fees a " in accordan	re submitted to co ce with s. 605.10	onvert 45, F.S	an "Other S.
Please return all correspondence concernin	g this matter to:				
PAULA FERNANDEZ					
(Contact Person)					
BUSINESS SOLUTION CENTER					
(Firm/Company)					
1726 NW 36TH STREET UNIT 6					
(Address)					
MIAMI, FLORIDA 33142					
(City. State and Zip Code)					
leotours1@hotmail.com		-			
E-mail Address: (to be used for future annual re	eport notifications)				
For further information concerning this ma	atter, please call:				
PAULA FERNANDEZ	_at (<u>305</u>)637-8722			
(Name of Contact Person)	(Area Code	(Daytime Te	lephone Number)		
Enclosed is a check for the following amo dollars and drawn on a bank located in the	unt: (All checks p United States)	processed by	this office must b	e paya	ble in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S180.00 Filing and Certified Cop	y Certif	85.00 Filing Fees, fied Copy, and ficate of Status		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centre	Section Corporations of Tallahassee nroe Street, Suite		2022 APS, 20 PR
				၁	

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: OSANES PUBLICITY AND MEDIA MARKETING INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or it a non-U.S. entity, the name of the country)
02/26/2019
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
OSANES PUBLICITY AND MEDIA MARKETING, 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 th	is <u>31</u>	day of MARCH	20	33
<u>Signatur</u>	e of Authori	zed Representative of	Limited Li	ability Company:
Signature Printed Na	of Authorize ame 🟕 CAF	ed Representative: R A ESTRADA ROCHA	Title	AMBR
<u>Signature</u>	e(s) on behalf	of Other Business En	tity: See be	elow for required signature(s)
Signature:	- de	water afortal		
Printed N	ame: 0500	t-A Kstrada Re	CAA_ Title	: President
Clamatuma	_			e:
Cianatura	,			
Printed N	ame:		Title	e:
Signature Printed N	: ame:		Titl	e:
Signature Printed N	: ame:		Titl	e:
Signature Printed N	:ame:		Titl	c:
Signature If Directo	ors or Officers	, Vice Chairman. Directs have not been selected artnership or Limited	, an Incorpor	rator must sign.
If Florid: Signature	a Limited Pa	rtnership or Limited neral Partners.	Liability Lin	nited Partnership:
All other Signature	r <u>s:</u> e of an author	ized person.		
Fees:				
F	articles of Co ees for Florid Certified Cop Certificate of	da Articles of Organiza y:	\$30	5.00 55.00 0.00 (Optional) 00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
OSANES PUBLICITY AND MEDIA MARKETING, LL	C
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
2	
Principal Office Address:	Mailing Address:
8600 N SHERMAN CR APT 207	8600 N SHERMAN CR APT 207
MIRAMAR FLORIDA 33025	MIRAMAR FLORIDA 33025
	Office R. Degistered Agent's Signature:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register	ered Agent. You must designate an individual or another
business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
PAULA FERNANDEZ	
Name	
1726 NW 36TH STREET UNIT	6
Florida street address (P.O.	Box NOT acceptable)
MIAMI	FL 33142
City	Zip
liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete place accept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S

Pielo.	Name and Address:	
<u>Fitle:</u> 'AMBR" = Authorized Member		1
'MGR" = Manager	Oscar A. Estrada Rock	va
AMBR	8600 N SHERMAN CR APT 207 MIRAMAR FL 33025	
	MIRAWAR FL 33023	
4.5		
(Use attachment if necessary)		
(Use attachment if necessary) LE V: Other provisions, if any.	·	_
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LE V: Other provisions, if any.		
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LE V: Other provisions, if any.		
LE V: Other provisions, if any. REQUIRED SIGNATURE:		
LE V: Other provisions, if any. REQUIRED SIGNATURE:	an authorized representative of a	member
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REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	w with section 605 0203 (1) (b) Florida Stati	utes. I am aw
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