# L23000475838

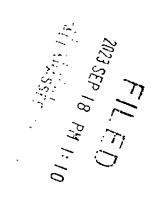
(Requestor's	s Name)
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Off	ficer:

Office Use Only



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### COVER LETTER

Division of O						
SURJECT: SAINT	CHARLES PROPERTIE	S INC				
Johnter.	(Name of Re	sulting Florida Lin	nited Cor	npany)		
The enclosed Article Business Entity" int	es of Conversion, Artic o a "Florida Limited L	des of Organiza iability Compar	tion, an ıy" in a	ed fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.		
Please return all cor	respondence concernin	g this matter to:				
ADRIANA MENDEZ						
	(Contact Person)					
TAX SOLUTIONS & E	BOOKKEPING LLC					
	(Firm/Company)		_			
7751 KINGSPOINTE	PKWY SUITE 119					
	(Address)		_			
ORLANDO, FL 32819	)					
(	City, State and Zip Code)		_			
commercialsp.taxsolu	tions@gmail.com					
E-mail Address: (to	be used for future annual re	port notifications)	_			
For further informat	ion concerning this ma	tter, please call:				
Adriana Mendez		_at ( <u>407</u>	, 930 (	0829		
(Name of Cont	act Person)	(Area Code	/ r) (Day	0829 time Telephone Number)		
Enclosed is a check dollars and drawn or	for the following amou a bank located in the	int: (All checks United States)	process	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 Filing and Certified Co		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Add				Address:		
New Filing S Division of C				Filing Section on of Corporations		
P.O. Box 632	-			entre of Tallahassee		
				2415 N. Monroe Street, Suite 810		

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.

(21116)	Name of Other Busin	ess Entity)
2. The "Other Business Entity" is a _	CORPORATION	P210000 81229
(Enter entity type: Example:	corporation, limited p	partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporate	ed under the laws	of FLORIDA  (Enter state, or if a non-U.S. entity, the name of the country)
		(Enter state, or if a non-U.S. entity, the name of the country)
09/14/2021		
(date of organization, formation or incorp	ooration)	
<ol><li>The name of the Florida Limited L SAINT CHARLES PROPERTIES LLC</li></ol>	iability Company	as set forth in the attached Articles of Organization:
	Florida Linsitad Links	ility Company)
(Enter Name of	riorida l'ittitted Lian	anty Company)
4. If not effective on the date of filing	g, enter the effecti	

- 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 AGOSTO day of 25	20 <u>23</u> .				
Signature of Authorized Representative of Limited Liability Company:					
Signature of Authorized Representative:					
Printed Name: CARLOS SANTILLAN DELGADO	_ Title: AMBR				
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]				
Signature:					
Printed Name: CARLOS SANTILLAN DELGADO	Title: P				
Signature:					
Printed Name: KARINA D SANCHEZ MENDOZA	Title: VP				
Signature:					
Printed Name:	Title:				
Signature:					
Signature:Printed Name:	Title:				
Signature: Printed Name:	Title:				
Signature: Printed Name:	Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.					
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.					
All others: Signature of an authorized person.					
<u>Fees:</u>					

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

2023 SEP 18 PM 1:10

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	1.		4				. 1	-

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	CARLOS SANTILLAN DELGADO
	JIRON SUCRE 169 TARAPOTO
	SAN MARTIN , PERU, 22200
AMBR	KARINA D SANCHZ MENDOZA
<del></del>	JIRON SUCRE 169 TARAPOTO
	SAN MARTIN, PERU 22200
	SAN WARTIN, FERU 22200
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
DECLUSION OF COLUMN	<i>(</i>
REQUIRED SIGNATURE:	The state of the s

as provided for in s.817.155, F.S.

CARLOS SANTILLAN DELGADO

Typed or printed name of signce

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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:			
SAINT CHARLES PROPERTIES LLC				
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC	2.")		
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Li	mited Liability Company is:		
Principal Office Address:	Mailing Address:			
2409 57TH STREET EAST BRADENTON. FL 34208	7751 KINGSPOINTE F ORLANDO, FL 32819	751 KINGSPOINTE PKWY SUITE 119 RLANDO, FL 32819		
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)	ered Office, & Registered Registered Agent. You must designa	Agent's Signature: te an individual or another		
The name and the Florida street address of	the registered agent are:			
TAX SOLUTIONS & BOC	KKEEPING LLC	_		
>	Vame			
7751 KINGSPOINTE PKV	WY SUITE 119			
Florida street address (	(P.O. Box <u>NOT</u> acceptable)			
ORLANDO	FL 32819			
City	Zip	_		
Flaving been named as registered agent an liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of my position as	ed in this certificate. I hereby upacity. I further agree to co lete performance of my dutie, s registered agent as provide	v accept the appointment as omply with the provisions of all is, and I am familiar with and		
	Signature (REQUIRED) FINUED)	PIB PH I:II		