L23000514885

(Requestor's Name)
(Address)
(0.5)
(Address)
(City/State/Zip/Phone #)
(01)/0111111/1/111011/1/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400401693734

02/07/39--01039--005 **150.00





February 23, 2023

ELIZABETH MARTINEZ 3102 TURKEY CREEK RD PLANT CITY, FL 33566 US

SUBJECT: TAQUERIA EL MIXTEPECANO, LLC

Ref. Number: W23000025249

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

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 223A00004330

5/48

COVER LETTER

	New Filing Solvision of C				
	TAQUEF	RIA EL MIXTEPECANO ,	,LLC		
SUBJE	ЕСТ:	(Name of Res	sulting Florida Li	mited Con	npany)
		•	~		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please i	return all corre	espondence concerning	g this matter to) :	
ELIZAB	BETH MARTINE	≣Z			
		(Contact Person)			
3102 TU	URKEY CREE!	(Firm/Company)			
		(Address)	 -		
PLANT	CITY , FL 3356	56			
EVAMR	(0 RUIZ08@G M AI	City, State and Zip Code) L.COM			
E-ma	ail Address: (to b	e used for future annual re	port notifications	·)	
For furt	ther informati	on concerning this ma	tter, please cal	1:	
EVA M	RUIZ	_	813 _at (862-	6381
<u> </u>	(Name of Conta	ict Person)	(Area Co	de) (Day	time Telephone Number)
		or the following amou a bank located in the	,	•	sed by this office must be payable in US
\$25 for	Conversion for Articles	S155.00 Filing Fees and Certificate of Status	\$180.00 Fili and Certified C	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, 1	ection forporations 7		New I Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: TAQUERIA EL MIXTEPECANO, INC
(Enter Name of Other Business Entity) INC
2. The "Other Business Entity" is a
(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)
02/28/2022
on .
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: TAQUERIA EL MIXTEPECANO, LLC
(Enter Name of Florida Limited Liability Company) 01/28/2023
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 28TH day of JANUA	RY 2023
Signature of Authorized Represen	tative of Limited Liability Company:
Signature of Authorized Representat	ive:Title: REGISTERED AGENT
Printed Name: ELIZABETH MARTINEZ	Title: REGISTERED AGENT
	iness Entity: [See below for required signature(s)]
S. R. L.	Title: PRESIDENT
Printed Name ELIZABETH MARTINEZ	Title: PRESIDENT
1 bots	Title.
Signature: A Santiago BALD	
Printed Name: ADRIAN SANTIAGO BAUT	TISTA Title: VP
Signature:	Title:
Printed Name:	Hite:
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Charataina	
Printed Name:	Title:
Trined Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairma	
If Directors or Officers have not been	selected, an Incorporator must sign.
If Florida General Partnership or L	imited Liability Dantasuching
Signature of one General Partner.	inited Elabinty Carthersing.
organical cross contract account	
If Florida Limited Partnership or L	imited Liability Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
A.15 - 41	
All others: Signature of an authorized person.	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of C	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

T40115514 51 44	WATERFOADO LLO				
	IIXTEPECANO, LLC (Must contain the words "Limited Lic	ability Company, "L.L.C.," or "LLC.")			
ARTICLE II - The mailing add		ne principal office of the Limited	Liability Company is:		
Principal Office Address:		Mailing Address:			
3102 TURKEY C	REEK RD	P.O.BOX 1135			
PLANT CITY, FL	33566	DOVER FL 33527			
The name and the	ne Florida street address of t ELIZABETH MARTINEZ	he registered agent are:			
	N	lame			
	3102 TURKEY CREEK RD				
	Florida street address (P.O. Box NOT acceptable)			
	· ·				
	PLANT CITY	33566 FL			
	PLANT CITY City				

(CONTINUED)

Registered Agent's 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	ELIZABETH MARTINEZ
	3102 TURKEY CREEK RD
	PLANT CITY FL 33566
AMBR	ADRIAN SANTIAGO BAUTISTA
	3102 TURKETY CREEK RD
	PLANT CITY FL 33566
····	
(Use attachment if necessary)	
`	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
0.10	
Efter.	
\mathcal{U}	
Signature of a member	r or an authorized representative of a member dance with section 605.0203 (1) (b), Florida Statutes, I am aware tha
any false information submitted in a cas provided for in s.817.155, F.S.	document to the Department of State constitutes a third degree felon
ELIZABETH MARTINEZ	•
	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)