L24000182518

(Requestor's Name)
(Address)
(Address)
(Čity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer.
1.15
W23000138699
10136133

Office Use Only



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APR 2 2024

10/05/23--01035--006 **150.00



N 115



October 10, 2023

RUFINA A COLON-ASUMU 2909 TUSCARONA TRAIL MIDDLEBURG, FL 32068 US

SUBJECT: APO'S AFRICAN HOT SAUCE AKIBA LLC

Ref. Number: W23000138699

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 523A00023416

16/26/23

COVER LETTER

Division of C	Corporations				
SUBJECT: Apo	13 AFNICA (Name of Res	IN HOTS	AUCE	AKIB4	LLC
/	(Name of Res	ulting Florida Limited (Company)		
	s of Conversion, Articl o a "Florida Limited Li				
Please return all corr	espondence concerning	g this matter to:			
RUTINA 4	1. CO/ON-A	SUHU			
Apo'S AF	(Contact Person) (Contact Person) (PICAN HOT S (Firm/Company)	AUCE AKI	BA L	Le	
	(Firm/Company)				
2909 TU	SCAPDAM (Address)	THAIL			
	(Address)				
MIDDLEB	UNG FL. 3 City, State and Zip Code)	2068			
(1	City, State and Zip Code)				
Apos Hotsa E-mail Address: (to b	AUCE O GMA be used for future annual rep	oort notifications)			
For further informati	on concerning this mat	ter, please call:			
BUFIND A	Colon	(GAY)	782-1	10/0/	
(Name of Conta	ect Person)	(Area Code)	Daytime Teleph	one Number)	
Enclosed is a check	for the following amou a bank located in the	nt: (All checks proc			ayable 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 Fee and Certified Copy	Certificate		
<u>Mailing Add</u> New Filing S		Ne	eet Address: w Filing Sect	tion	
Division of C	Corporations	Di	vision of Cor	porations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS11 (7/17)

P.O. Box 6327

Tallahassee, FL 32314

TO: New Filing Section

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 property APO'S AFNICAN HOT SAUC.	rior to the filing of the Articles of Conversion is: E. AKIBA CORO
(Enter Name of Other Business E	entity)
2. The "Other Business Entity" is a Apo's AFRA (Enter entity type. Example: corporation, limited partners)	ership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of(Enter	FIORIDA, USA er state, or if a non-U.S. entity, the name of the country)
on $\frac{08/22/2023}{\text{(date of organization, formation or incorporation)}}$	
3. The name of the Florida Limited Liability Company as s	set forth in the attached Articles of Organization:

4. If not effective on the date of filing, enter the effective date: 09/25/2023

(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after

(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.)

<u>Note:</u> 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.

APO'S AFRICAN HOT SAUCE AKIBA LLC
(Enter Name of Florida Limited Liability Company)

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 22 day of SEPTEMBER	<u> 2023</u> .			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative: Mlle Printed Name: <u>RUFINA A · LOLON</u>	Sin A. Color			
Printed Name: QUEINA A . COLON	Title: OWNER-MANKEY	1_		
Trinico Ivano. Por Indiana		•		
Signature(s) op behalf of Other Business Entity:	See below for required signature(s)			
Malmade Color				
Signature: Musiciff Color Printed Name: RUFINA A. CO/ON	Tid Physical Transfer	-		
Signature: JAMA JAMA Printed Name: 2504NA9 JAN				
Printed Name: NOHNN 1100/PN	Title: VIOF- MESIDENI		2023 OCT 26	
			. 8	- FE 23
Signature:Printed Name:		- 32 55	읔	
Printed Name:	Title:	-55°	26	Activities Contract
Signature:		SS (2)	70	m
Printed Name:	Title:	U.S.	PHE	
Signature:Printed Name:		<u> </u>	<u>Ω</u> :3	
Signature:		- ارب	3	
Printed Name:	Title:	-		
Signatura				
Signature:Printed Name:	Title	-		
Timed Name.		-		
If Florida Corporation:				
Signature of Chairman, Vice Chairman, Director, or				
If Directors or Officers have not been selected, an Inc	corporator must sign.			
If Florida General Partnership or Limited Liabili	ty Partnershin:			
Signature of one General Partner.	ty raithersing.			
If Florida Limited Partnership or Limited Liability	ty Limited Partnership:			
Signatures of <u>ALL</u> General Partners.				
All others:				
Signature of an authorized person.				
, and the second				
<u>Fees:</u>				
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

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2909 TUSCANO NA TRAIL	
041DD/EBUNG, FL - 32068	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re-	gistered agent are: OCI 26
RUFINA A - Colon Name)- ASUMU ST 26
Name	M E SH
2909 TUSCANON	A TRAIL Roy NOT acceptable)
Florida street address (P.O.	Box NOT acceptable)
MIDDLE BURG,	FL 32068
City	Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate. I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and estered agent as provided for in Chapter 605, F.S

(CONTINUED)

IR" = Manager MBR	RUFINA A. CO/ON-ASUMUE 2909 TUSCAMONA TMAIL HIDD/EBURG, FL. 32068 ADA V. CARRASQUILLO-C 11785 MINO CIN SAN DIESO, CA 92/50/12
MB2	ADA V. CARRASQUILLO-C 11785 MINO CIR SAN DIESO, CA 92/50/
	E.F.
e attachment if necessary)	
OUIRED SIGNATURE: Signature of a member or an	authorized representative of a member
y false information submitted in a document provided for in s.817.155, F.S.	h section 605.0203 (1) (b), Florida Statutes. I am aware the to the Department of State constitutes a third degree felo
RUFINA A COLON	-ASUMU
Typed	or printed name of signee Filing Fees

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Company: