

L24000191019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

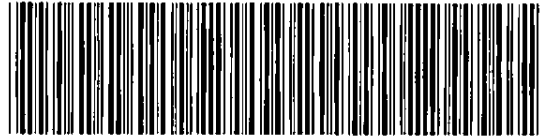
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/17/21--01036--014 \*\*125.00

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2021 APR 17 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TJH  
4/29/24

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: COMO TU LATINA INC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

IVONNE RODRIGUEZ

(Contact Person)

(Signature)  
(Firm/Company)

2920 3RD ST SW

(Address)

LEHIGH ACRES, FL 33976

(City, State and Zip Code)

irobenitez2019@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

IVONNE RODRIGUEZ

at ( 239 ) 2392762919

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$150.00 Filing Fees<br>( \$25 for Conversion<br>& \$125 for Articles<br>of Organization ) | <input type="checkbox"/> \$155.00 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$180.00 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$185.00 Filing Fees.<br>Certified Copy, and<br>Certificate of Status |
|---|---|---|---|

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**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:  
COMO TU LATINA INC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a COMO TU LATINA INC  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 07/21/2023  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
COMO TU LATINA LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 04/09/2024

**(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.

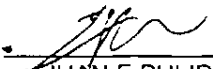
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FLORIDA

Signed this 09 day of APRIL 20      

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: \_\_\_\_\_  
Printed Name: IVONNE RODRIGUEZ Title: P

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature:   
Printed Name: JUAN E PULIDO Title: P

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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 ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

COMO TU LATINA 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:

2920 3RD ST SW

LEHIGH ACRES, FL 33976

#### Mailing Address:

2920 3RD ST SW

LEHIGH ACRES, FL 33976

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JUAN E PULIDO

Name

2920 3RD ST SW

Florida street address (P.O. Box **NOT** acceptable)

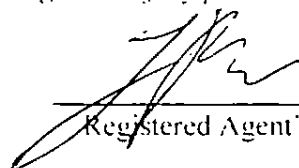
LEHIGH ACRES

FL 33976

City

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

P

**Name and Address:**

JUAN E PULIDO

2920 3RD ST SW

LEHIGH ACRES, FL 33976

P

IVONNE RODRIGUEZ

2920 3RD ST SW

LEHIGH ACRES, FL 33976

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

**REQUIRED SIGNATURE:**



**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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JUAN E PULDIO

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)

2017 APR 17 AM 10:01  
STATE  
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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Profit Corporation

COMO TU LATINA INC

### Filing Information

**Document Number** P23000054363

**FEI/EIN Number** 93-2589383

**Date Filed** 07/21/2023

**State** FL

**Status** ACTIVE

### Principal Address

2920 3RD ST SW  
LEHIGH ACRES, FL 33976

Changed: 04/03/2024

### Mailing Address

2920 3RD ST SW  
LEHIGH ACRES, FL 33976

Changed: 04/03/2024

### Registered Agent Name & Address

PULIDO, JUAN E  
9315 MARINO LN  
NAPLES, FL 34114

### Officer/Director Detail

#### **Name & Address**

**Title P**

PULIDO, JUAN E  
9315 MARINO LN  
NAPLES, FL 34114

**Title P**

RODRIGUEZ, IVONNE  
9315 MARINO LN  
NAPLES, FL 34114

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TALLAHASSEE, FLORIDA

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**Annual Reports**

Report Year	Filed Date
2024	04/02/2024

**Document Images**

<a href="#">04/02/2024 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/21/2023 -- Domestic Profit</a>	<a href="#">View image in PDF format</a>

11-23-2023 11:11 AM 11-23-2023 11:11 AM

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STATE OF TEXAS  
CLERK OF THE COURT



**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000054363

Entity Name: COMO TU LATINA INC

Current Principal Place of Business:

9315 MARINO LN  
NAPLES, FL 34114

Current Mailing Address:

9315 MARINO LN  
NAPLES, FL 34114

FEI Number: 93-2589383

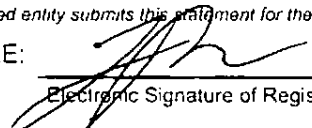
Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PULIDO, JUAN E  
9315 MARINO LN  
NAPLES, FL 34114 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

  
Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P  
Name PULIDO, JUAN E  
Address 9315 MARINO LN  
City-State-Zip: NAPLES FL 34114

Title P  
Name RODRIGUEZ, IVONNE  
Address 9315 MARINO LN  
City-State-Zip: NAPLES FL 34114

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: IVONNE RODRIGUEZ

P

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date