# L24000230120

(Requestor's Name)
(Requestors Marie)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to raining Officer.
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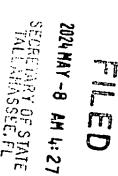
Office Use Only



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S. CHATHAM







# COVER LETTER

TO: New Filing S Division of C				
SUBJECT: MORE1	0VITTO GROUP, INC.			
30b/Le1		sulting Florida Limit	ed Con	npany)
		_		d fees are submitted to convert an "Other ecordance with s. 605,1045, F.S.
Please return all corr	respondence concernin	g this matter to:		
ALEJANDRA GUTIEF	RREZ			
	(Contact Person)			
FLORIDA ACCOUNTI	ING & TAX SOLUTIONS	LLC		
	(Firm/Company)			
6801 LAKE WORTH F	RD STE 337			
	(Address)			
LAKE WORTH, FL 33	467			
	City, State and Zip Code)			
INFO@FLACCOUNT	NGSOLUTIONS.COM			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
ALEJANDRA GUTIERREZ		at ( <sup>561</sup>	299-4	1022
(Name of Conta	act Person)		(Day	time Telephone Number)
	for the following amou a bank located in the		rocess	ed 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 Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:		Street	Address:
New Filing S	ection		New I	Filing Section
Division of C	Corporations		Divisi	on of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## **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: MORE10VITTO GROUP, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
11/17/2021
11/17/2021 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: MORE10VITTO GROUP, 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 this 26 day of APRIL 2024 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: GERMAN D. PEREZ Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Printed Name: GERMAN D. PEREZ Title: PRESIDENT Signature: Printed Name: MARINA NOELIA FELIU Title: VP Signature: Title: Printed Name: Signature: Printed Name: Title: Signature: Title: Printed Name: 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:

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

MORE10VITTO GROUP,								
(Must con	uin the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")						
ARTICLE II - Addres The mailing address and		e principal office of the Limited Lia	ability Company is:					
Principal Office Address:		Mailing Address:						
2240 SALERNO CIR		2240 SALERNO CIR						
WESTON, FL 33327		WESTON, FL 33327						
The name and the Florid	RMAN D. PEREZ	he registered agent are:	AY-8 AH L					
224	SALERNO CIR		D					
Florida street address (I		P.O. Box NOT acceptable)	-					
WES	STON	FL <sup>33327</sup>						
	City	Zip						
liability company a registered agent and a	it the place designate igree to act in this ca	nd to accept service of process for the d in this certificate. I hereby accept t pacity. I further agree to comply wit ete performance of my duties, and I a	the appointment as th the provisions of a					

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

ن الله الله الله

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	GERMAN D. PEREZ	
	2240 SALERNO CIR	
	WESTON, FL 33327	<del></del>
AMBR	MARINA NOELIA FELIU	
	2240 SALERNO CIR	
	WESTON, FL 33327	<del></del>
	<del></del>	
	-	
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(Use attachment if necessary)		TOPH MAY
(Ose attachment if necessary)	į	Ä
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REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

S. Pica

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.

GERMAN D. PEREZ

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)