L24000240792

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





400429819084

05/20/24--01913--020 **◆**135.00

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: CONQRETAR LLC.	
(Name of Resulting Florida Lim	ited Company)
The enclosed Articles of Conversion, Articles of Organizat Business Entity" into a "Florida Limited Liability Compan	
Please return all correspondence concerning this matter to:	
Maria Luz Perez Huczok (Contact Person) CONGRETAR LLC (Firm/Company)	_
CONQRETAR LLC (Firm/Company)	_
19370 Collins Ave.	_
Sunny Isles, FL, 33160 (City, State and Zip Code)	_
E-mail Address: (to be used for future annual report notifications)	_
For further information concerning this matter, please call:	
Maria Luz Perez Huzzat 786 (Name of Contact Person) (Area Code) 6856726 (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks dollars and drawn on a bank located in the United States)	processed 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 and Certified Conversion	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee
1 A.J. 1998 0347	the Centre of Tananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LiMiTEO LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on O2/08/2023 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CONQRETAR 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 O day of May	2024
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: Maria Way Pevez Huczak	manially _Title: Officer
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	KTitle: Offrow
Printed Name: TAGO AND AD	Title: OCCICOR
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 If Directors or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ly Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CONQRET AR IJC.

(Must contain the words "Limited Liability	Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19370 Collins ave. Apt 325 Sunny Islës, Fl., 33160	19370 Calins Ave. Apt. 325 Sunny Isles, FL, 33160
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent, You must designate an individual or another
_	erez Huczok
191370 Collins of Florida street address (P.O.	Ave, Apt 325 Box <u>NOT</u> acceptable)
Sunny Isles City	FL 33160 Zip
liability company at the place designated in t registered agent and agree to act in this capacit	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 exformance of my duties, and I am fimiliar with and

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

HANAPSINE A J. C. LAG. I	
"AMBR" = Authorized Member "MGR" = Manager	
AMAR	Maria Luz Perez Hucze
	19270 Collins Aven 400
	Sunny Isles FL 33160
A O A	0
<u>Ambk</u>	1200 Lautaco, Leer
	19370 Collins Ave., Ac.
	Sonou ISPES, They Styles
	-
	
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LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, Lamaware tha
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware tha ment to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any talse information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felor
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felor
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Maria Lua Deventry	with section 605,0203 (1) (b). Florida Statutes, I am aware tha

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

ARTICLE IV-

Company: