La4000243853

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL MAIL
(Bu	isiness Entity Name)
(Đơ	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of (Corporations			
SUBJECT: RAFITA	'S CLEANING CORP			
		esulting Florida	Limited Co	mpany)
The enclosed Article Business Entity" into	es of Conversion, Artico a "Florida Limited L	cles of Organ Liability Com	nization, a npany" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	respondence concerning	ng this matte	r to:	
RAFAELA DIEDUEZ				
	(Contact Person)	_		
RAFITA'S CLEANING	CORP			
	(Firm/Company)			
6614 MEMORIAL HW	Υ			
	(Address)			
TAMPA FL 33615				
((City. State and Zip Code)			
RAFITASCLEANING@	GMAIL.COM			
E-mail Address: (to b	e used for future annual re	port notification	ns)	
For further information	on concerning this ma	tter, please c	all:	
RAFAELA DIEGUEZ		_at (<u>713</u>	,386-	9489
(Name of Conta	et Person)	ar ((Area (Code) (Day	etime Telephone Number)
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	mt: (All chec	ks proces	sed 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 F and Certified	iling Fees Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C	t Address: Filing Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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. <u>R/</u>	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: AFITA'S CLEANING CORP
	(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.
Fi	rst organized, formed or incorporated under the laws of
on	05/11/2023
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
RA	AFITA'S CLEANING LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(I. the	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
doc	rument'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 MAY	Y day of <u>17</u>	20 24
Signature of A	uthorized Representative of Lir	nited Liability Company:
Cionatura of A.	alessia de la companya della companya della companya de la companya de la companya della company	2. \
Printed Momes R.	nthorized Representative: + C	Wt. BRECIDENT
rimica Name.	A ALLA DILGOLZ	Title: PRESIDENT
	/ \	See below for required signature(s)
Signature:	Hall	
Printed Name: R/	AFAELA DIEGUEZ	Title: PRESIDENT
		·
Printed Name:		Title:
· ····································		1111e:
Signature:		
Printed Name:		Title:
		
Signature:		
Printed Name:		Title:
Printed Name:		Title:
Signature:	 	
Printed Name:		Title:
If Florida Corpe	Aratian:	
	irman, Vice Chairman, Director, or	Officer
If Directors or Of	fficers have not been selected, an Ir	Teornorator must sign
		reo.permor must sign.
If Florida Gener	al Partnership or Limited Liabil	ity Partnership:
Signature of one	General Partner.	
If Florida Limita	od Dantunnakia z . I i iz . I I	
Signatures of A1	<u>ed Partnership or Limited Liabil</u> <u>L</u> General Partners.	ity Limited Partnership:
· ·	D Ocherai Fathers.	
All others:		
Signature of an au	uthorized person.	
•		
Fces:		
Articles o	of Conversion	\$25.00
	Florida Articles of Organization:	\$25.00
Certified	Conv.	\$125.00 \$30.00 (Ontion 1)
	e of Status:	\$30.00 (Optional) \$5.00 (Optional)
Seranear	- or willing,	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	:		
The name of the Lim	ited Liability Company	y is:	
RAFITA'S CLEANING		ability Company, "L.L.C.," or "LLC	.")
ARTICLE II - Addr	'ess:		
The mailing address a	and street address of th	e principal office of the Lin	nited Liability Company is:
Principal Office Add	dress:	Mailing Address:	
6614 MEMORIAL HWY		6614 MEMORIAL HWY	,
TAMPA FL 33615		TAMPA FL 33615	
The Limited Liability Comp business entity with an active. The name and the Flo RA 66 F	any cannot serve as its own Ree Florida registration.) rida street address of the AFAELA DIEGUEZ No. 14 MEMORIAL HWY Torida street address (F	ered Office, & Registered degistered Agent. You must designate the registered agent are: ame P.O. Box NOT acceptable)	e an individual or another
1 A	MPA	FL 33615	-
liability company registered agent and statutes relating to	at the place designated agree to act in this cap the proper and completions of my position as	d in this certificate, I hereby pacity. I further agree to co	mply with the provisions of all , and I am familiar with and

(CONTINUED)

ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	RAFAELA DIEGUEZ
	6614 MEMORIAL HWY
	TAMPA FL 33615
	
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Use attachment if necessary)	
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REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance vany false information submitted in a document.	with section 605.0203 (1) (b) Florida Statutes, Lam aware d
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance with the second and the	on authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware the department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance v any false information submitted in a docum as provided for in s.817.155, F.S. RAFAELA DIEGUEZ	with section 605.0203 (1) (b). Florida Statutes, I am aware the to the Department of State constitutes a third degree felonet to the Department of State constitutes as third degree felonet to the Department of State constitutes as third degree felonet to the Department of State constitutes as the Department of State constitutes
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