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(Re	equestor's Name)	
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/Cit	ty/State/Zip/Phone	- t /\
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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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.

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles (ANGIE'S DREAMS INVESTMENTS INC	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common le	aw or business trust, etc.
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the nar	
on 08/26/2009	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Article ANGIE'S DREAMS INVESTMENTS LLC	s of Organization:
(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 of 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 we 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	rights the amount to

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Signed this /6 day of May	20_24
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Alfred Name: ALFRED HANZUR	ed harger
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Alfred humann Printed Name: ALFRED MANZUR	_ Title:PRES.
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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 - Na	me:		
The name of the L	imited Liability Co	ompany is:	
ANGIE'S DREAMS	INVESTMENTS LLO	•	
		imited Liability Company, "L.L.C.,"	or "LLC.")
ADTICLEULA			
The mailing addre		ss of the principal office of	the Limited Liability Company is:
Principal Office	Address:	Mailing Addr	ess:
3581 SW 117 AVE	NUE #103	3581 SW 117 A	VENUE #103
MIAMI FL 33175		MIAMI FL 3317	5
(The Limited Liability C business entity with an	Company cannot serve as active Florida registratio	ess of the registered agent a	designate an individual or another
	W WZON, ALITE	Name	· · · · · · · · · · · · · · · · · · ·
	44405 OW 44 OTS	\	
	11425 SW 41 STR	ldress (P.O. Box <u>NOT</u> accep	ntable)
	riorida street ad		piadie)
	MIAMI	FL 33165	
	Ci	ty Zir)
liability comp registered agent statutes relatin	pany at the place de and agree to act in g to the proper and bligations of my pos	esignated in this certificate, I this capacity. I further agre I complete performance of m	f process for the above stated limited hereby accept the appointment as see to comply with the provisions of all y duties, and I am familiar with and provided for in Chapter 605, F.S
	Registéred A	gent's Signature (REQUIRI	ED)
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u> Fitle:</u>	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager	MANZUR, ALFRED	
MGR	11425 SW 41 STREET	
	MIAMI FL 33165	
	1411/11 1 E 33 103	
MGR	LABRADA, ANGELA	
	3581 SW 117 AVENUE #103	
	MIAMI FL 33175	
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Use attachment if necessary)		
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Use attachment if necessary) EV: Other provisions, if any.		
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EV: Other provisions, if any.		
E.V.: Other provisions, if any. REQUIRED SIGNATURE:		
E V: Other provisions, if any. REQUIRED SIGNATURE:	fiel myn	
E V: Other provisions, if any. REQUIRED SIGNATURE:	fied hugu	
REQUIRED SIGNATURE:	-	member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a rewith section 605.0203 (1) (b), Florida Statu	ites. I am av
Signature of a member or This document is executed in accordance any false information submitted in a document is a document and false information submitted in a document	an authorized representative of a	ites. I am av
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a rewith section 605.0203 (1) (b), Florida Statument to the Department of State constitutes a	ites. I am av
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statument to the Department of State constitutes a	ites. I am av
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a rewith section 605.0203 (1) (b), Florida Statument to the Department of State constitutes a	ites. I am av