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(Requestor's Name)
(requesters reme)
(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.

Office Use Only



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05/29/24--01016--015 *150.00



COVER LETTER

TO: New Filing S Division of G	Section Corporations	_		
SUBJECT:	White Lic (Name of Res	on Build Sulting Florida Limited C		<u> </u>
		_	and fees are submitted to accordance with s. 605	
Please return all cor	respondence concernin	g this matter to:		
Ligia	Pawirez (Contact Person)			
White L	(Contact Person) Son Builders (Firm/Company)			
12485	(Firm/Company) 5W 137+6	· Ave Soste	212	· · · · · · · · · · · · · · · · · · ·
	(Address) N F 3318 (City, State and Zip Code)			
				• • •
E-mail Address: (to	nbuilders egree be used for future annual re	eport notifications)		. T S
For further informat	tion concerning this ma	tter, please call:		
(Name of Con	RaluTHEZ tact Person)	at (<u>BOS</u>) (Area Code) (I	2196691 Daytime Telephone Number)	
	for the following amoun a bank located in the		essed by this office mus	st 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 Fee and Certified Copy	s S185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Ad New Filing Division of		Ne	eet Address: w Filing Section vision 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 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: White Lion Builders Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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
on 05/25/2010 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
White Lion Builders 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 16 day of 4ay	20,24
Signature of Authorized Representative of Limi	ted/Liability Company:
Signature of Authorized Representative: Printed Name: Actualities Printed Name: Actualities	Title: VP
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)
Signature: Frinted Name: Printed Name: OSaar Paurrez Printed Name: OSaar Paurrez	
Printed Name: Osar Ramirez 1	Title:
Signature: Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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:
White Lion Builders 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: Mailing Address:
12485 Sw 137th Are Suit 212 Miani, P. 33186 23951 Sw 109 path Homestend, (733032
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:
Oscar O. Lautrez Name
23951 Sw 109 Path Florida street address (P.O. Box NOT acceptable) Homestead FL 33032 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 605, F.S Registered Agent's Signature (REQUIRED) (CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager AMB2	Oscar O. Ramirez
_ AMDIC	23951 Sw 109 path
	Homotod 2 22032
	- Composition of the contract
<u>ANBE</u>	Lisia G. Kamirez
	23951 sw 109 path
	Homestead, A 33032
	,
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	Rew R_
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	Rew R-
CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	e with section 605,0203 (1) (b). Florida Statutes, I am aware
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document of the submitted in a d	te with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document of the submitted in a d	te with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document of the submitted in a d	e with section 605,0203 (1) (b). Florida Statutes, I am aware

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)