L24000280441

(Re	equestor's Name)	
(Ad	ldress)	
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(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



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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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Co SANDRA BEXIGA INC.	nversion 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 law or b	ousiness trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of t	he country)
07/11/2007 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of C SANDRA BEXIGA, LLC.	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 calend 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 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.	N.:
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	the amount to
which such members are enumed under SS, 005, 1000 and 005, 1001-005, 1072, P.S.	15
	:သ င

Signed this 30 day of MAY	20 _24		
Signature of Authorized Representative of Limi	ited Liability Company:		
Signature of Authorized Representative: Signature of Authorized Representative:	Life: AMBR	_	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature:		_	
Printed Name: SANDRA BEXIGA	Title: PRESIDENT	_	
Signature:			
Printed Name: PAULO BEXIGA	Title: VICEPRESIDENT	_	
Signature:			
Signature:Printed Name:	Title:	- -	
Signature:			
Signature:Printed Name:	Title:	_	
Signature:			
Signature:Printed Name:	_ Title:	<u>-</u>	
Signature:			
Signature:Printed Name:	Title:	- -	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In- If Florida General Partnership or Limited Liabili	corporator must sign.		
Signature of one General Partner.	<u> </u>		
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.			
Fees:		, ,	2024
Articles of Conversion:	\$25.00		(**
Fees for Florida Articles of Organization:	\$125,00		IV.
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)		
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			25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
SANDRA BEXIGA, LLC.		
(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	l Liability Company is:
Principal Office Address:	Mailing Address:	
2863 SW BEAR PAW TRAIL PALM CITY, FL 34990	2863 SW BEAR PAW TRAI PALM CITY, FL 34990	L
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 ir	
SANDRA BEXIGA		
Name		
2863 SW BEAR PAW TRAIL		
Florida street address (P.O.	Box NOT acceptable)	
PALM CITY	FL ³⁴⁹⁹⁰	
City	Zip	
Having been named as registered agent and to liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe accept the obligations of my position as regi	this certificate, I hereby acc y. I further agree to comply erformance of my duties, an	ept the appointment as v with the provisions of all d I am familiar with and
- S. Berga	ature (REQUIRED)	2924
Registered Agent & Signa	nure (KEQUIKED)	:
(CONTINU	JED)	P.

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager AMBR	SANDRA BEXIGA
RIVIDR	2863 SW BEAR PAW TRAIL
	PALM CITY, FL 34990
	FALM CITT, FE 34990
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	
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Use attachment if necessary)	
E V: Other provisions, if any.	
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FOURFD SIGNATURE:	
EQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
EQUIRED SIGNATURE:	
Signature of a member or a	an authorized representative of a member
Signature of a member or a	with section 605.0203 (1) (b), Florida Statutes, I am aw
Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awnent to the Department of State constitutes a third degree
Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S. SANDRA BEXIGA	with section 605.0203 (1) (b), Florida Statutes, I am aw nent to the Department of State constitutes a third degre
Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S. SANDRA BEXIGA	with section 605.0203 (1) (b), Florida Statutes, I am aw

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)