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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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08/08/24--01024--019 **180.00

SECRETARY OF STATE

COVER LETTER

TO:	New Filing S Division of C				
SURJ	ECT: JUAN M	ARTINEZ LLC			
5050	ECT		sulting Florida Lir	nited Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter to	:	
JUAN	A. MARTINEZ				
		(Contact Person)			
JUAN	MARTINEZ LLC				
		(Firm/Company)			
1101 (ORLANDO AVE				
		(Address)		_	
BRAD	ENTON, FL 342	07			
	· ·	City, State and Zip Code)		_	
	`	• •			
Е-п	nail Address: (to b	e used for future annual re	port notifications)		
For fu	rther information	on concerning this ma	tter, please call	:	
JUAN	A MARTINEZ		at (⁹⁴¹	₎ 518-0	0921
	(Name of Conta	ct Person)	(Area Cod	e) (Day	0921 rtime Telephone Number)
		or the following amou a bank located in the	•	process	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addr New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303

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.

I. The name of the "Other Business Entity" immediately prior to the filling of the Articles of Conversion is: JUAN MARTINEZ CORPORATION
(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 business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
06/15/2017 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: JUAN MARTINEZ 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 14TH day of MAY	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: JUAN A MARTINEZ	Title: AMBR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: JUAN A MARTINEZ Printed Name: JUAN A MARTINEZ	
Printed Name: JUAN A MARTINEZ	Title: PRESIDENT
Signature:Printed Name:	
Signature:	<u></u>
Printed Name:	I itte:
Signature:Printed Name:	Tide.
Printed Name:	
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.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	£rosil.
Fees:	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: FILED
2024 JUN -5 AMIO: 40
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
JUAN MARTINEZ LLC (Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1101 ORLANDO AVE	1101 ORLANDO AVE
BRADENTON, FL 34207	BRADENTON, FL 34207
business entity with an active Florida registration.) The name and the Florida street address of the reconstruction of the reconstr	OTARY LLC
Name	
945 25TH DR E SUITE 11	
Florida street address (P.O.	 . ,
ELLENTON	FL 34222
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and sistered agent as provided for in Chapter 605, F.S

(CONTINUED)

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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	HIANI A MADTINEZ
AMBR	JUAN A MARTINEZ
	1101 ORLANDO AVE
	BRADENTON, FL 34207
	_
· · · · · ·	
(Use attachment if necessary) CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Jusel	an authorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a document	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo
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.	with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo
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.	with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)