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(Requestor's Name)
(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:

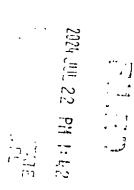
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COVER LETTER

TO:	New Filing S Division of C					
SUBJ	ECT. MORALE	ES LIMITED VENTURES	S, LLC			
3009	ECT		sulting Florida Lin	nited Cor	mpany)	
Busine	ess Entity" into	a "Florida Limited Li	ability Compar	ıy" in a	nd fees are submitted to convert accordance with s. 605.1045, F.S.	
Please	return all corr	espondence concernin	g this matter to	:		
KERE	NSA CLARK					
		(Contact Person)				
STEVE	EN A. RAMUNN	I, P.A.				
		(Firm/Company)		_		
PO BC	X 1118					
		(Address)				
LABEL	LE, FL 33975					
	(1	City, State and Zip Code)		_		
DEBB	E@SRAMUNNI	IPA.COM				
E-m	nail Address: (to b	e used for future annual re	port notifications)			
For fu	rther informati	on concerning this ma	tter, please call	:		
KERE	NSA CLARK		_at (⁸⁶³	,230 -:	2268	
	(Name of Conta	act Person)	_at ((Area Cod	/ e) (Day	ytime Telephone Number)	
		for the following amou a bank located in the		proces	sed by this office must be payal	ole in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filin and Certified Ce	•	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection corporations 7		New Divis The C 2415	Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	2024 JUL 22

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 Conversion is: MORALES LIMITED VENTURES, INC.
(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.)
First organized, formed or incorporated under the laws of [Florida] (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
July 3, 2024 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: MORALES LIMITED VENTURES, 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

2024 (P.L. 22 PH 1: 42

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - 1 The name of th	Name: e Limited Liability Compan	ıy is:	
MORALES LIMI	TED VENTURES, LLC		<u></u>
	(Must contain the words "Limited L	.iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing ad		he principal office of the Limit	ed Liability Company is:
_			od Zidomity Company to.
Principal Offic	ce Address:	Mailing Address:	
4935 S SR 29		3071 NE BEECHWOOD	CIRCLE
LABELLE, FL 33	3935	LABELLE, FL 33935	
The Limited Liabili business entity with		tered Office, & Registered Ag Registered Agent. You must designate ar the registered agent are:	
	STEVEN A. RAMUNNI, F		
	1	Name	
	110 N MAIN ST.		
	Florida street address	(P.O. Box NOT acceptable)	
	LABELLE	FL ³³⁹³⁵	
	City	Zip	
liability co registered ag statutes rela	ompany at the place designation of the contract of the proper and competential of the proper and competential of the position	and to accept service of process ted in this certificate, I hereby as applicate. I further agree to complete performance of my duties, as registered agent as provided as Signature (REQUIRED)	ccept the appointment as ply with the provisions of all and I am familiar with and
	(CON	ITINUED)	H4 73 min 5512

Signed this 18th day of JULY	20 24
Signature of Authorized Representative of I	Limited Liability Company:
	·· 🗸
Signature of Authorized Representative:	» — — — — — — — — — — — — — — — — — — —
Printed Name: SARAI MURALES MURENO	Title: Manager
Signature(s) on behalf of Other Business Entire	ty: [See below for required signature(s)]
Signature:	
Printed Name: SARAI MORALES MORENO	Title: PRESIDENT
Timed Name.	Title.
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
C'	
Signature:Printed Name:	Tr'.1
Printed Name:	little:
Signature	
Signature:Printed Name:	Title:
I IIIICO I MIIIC.	
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director	r, or Officer.
If Directors or Officers have not been selected, a	n Incorporator must sign.
If Florida General Partnership or Limited Lia	ability Partnership:
Signature of one General Partner.	
	1992 F. 20 LB 4 14
If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners.	ibility Limited Partnership:
Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
Fees:	
	
Articles of Conversion	\$25.00

\$125.00

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

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

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Δ.	RT	14 1		IV-

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

<u>litle:</u> AMBR" = Authorized Member	
MGR" = Manager	
MGR	SARAI MORALES MORENO
	3071 NE BEECHWOOD CIR
	LABELLE, FL 33935
	
	
Use attachment if necessary)	
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Use attachment if necessary)	:-
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Use attachment if necessary) LE V: Other provisions, if any.	: <u>-</u>
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E V: Other provisions, if any.	:-
E V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am av
E V: Other provisions, if any. EQUIRED SIGNATURE: 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 ay ment to the Department of State constitutes a third degree
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 average ment to the Department of State constitutes a third degree
E V: Other provisions, if any. EQUIRED SIGNATURE: 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 average ment to the Department of State constitutes a third degree
E V: Other provisions, if any. EQUIRED SIGNATURE: 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 av