# 124000416891

| (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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Office Use Only



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SECRETARY OF STATE

### **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 Confidence of Confid | onversion is:  |
|--|--|
| (Enter Name of Other Business Entity)  |  |
| 2. The "Other Business Entity" is a Limited Lightlify Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or  | business trust, etc.   |
| First organized, formed or incorporated under the laws of  | the country)   |
| on 04/30/2024 (date of organization, formation or incorporation)   |  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Company as set forth in the attached Arti | 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.  |  |
| 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 FILED  STATES TABLES TO STATES TABLES TO STATES TO S |

| Signed this 9th day of Sipkmber   | _20 <i>_24</i>   |
|---|--|
| Signature of Authorized Representative of Limi  | ted Liability Company:   |
| Signature of Authorized Representative:  Printed Name: José A. Ramos  | Title: Manager   |
| Signature(s) on behalf of Other Business Entity:  | - , , , , ,  |
| Signature: José A. Ramos  | _ Title:OrganizeR  |
| Signature: Printed Name:  | Title:   |
| Signature:Printed Name:   |  |
| Signature: Printed Name:  |  |
| Printed Name:   | Title:   |
| Signature:Printed Name:   | Title:   |
| Signature:  | m: 1   |
| Printed Name:   | litle:   |
| 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 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<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   |  |  |                               |  |                                |                                 |
|---|--|--|-------------------------------|--|--------------------------------|---------------------------------|
| JLR Team (Must contain the words "Limited Liability   | LLC.                                       |  |                               |  |                                |                                 |
| (Must contain the words "Limited Liability  | y Company, "                               | L.L.C.," or "                              | LLC.")                        |  |                                |                                 |
| ARTICLE II - Address: The mailing address and street address of the pr  | incipal off                                | ice of the                                 | Limite                        | ed Liability                                 | <sup>,</sup> Comp              | any is:                         |
| Principal Office Address:   | <u>Mailing</u>                             | Address                                    | <u>:</u>                      |  |                                |                                 |
| 540685 Lem Turner Rd<br>Callahan, FL 32011  | 540<br>                                    | 0685 [<br> IGhan,                          | lem 7<br>FL 3                 | Turner K<br>2011                             | <u> </u>                       |                                 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  | l <b>Office, &amp;</b><br>ered Agent. Y    | Register<br>ou must desi                   | red Ag                        | ent's Sign<br>individual or                  | ature:                         |                                 |
| The name and the Florida street address of the r  | egistered a                                | igent are:                                 |                               |  |                                |                                 |
| Jose A. Ra<br>Name  | mas  |  |                               |  |                                |                                 |
| Name  | •  |  |                               |  |                                |                                 |
| 540685 Lem Tun<br>Florida street address (P.O   | ner Rd                                     | C acceptal                                 | hia)                          |  |                                |                                 |
|   |  | - ,  |                               |  |                                |                                 |
| <u>Ca llahan</u><br>City  |  | Zip  |                               |  |                                |                                 |
| Having been named as registered agent and to<br>liability company at the place designated in<br>registered agent and agree to act in this capac<br>statutes relating to the proper and complete p<br>accept the obligations of my position as reg | this certifi<br>ity. I furth<br>performanc | icate, I hei<br>er agree to<br>ee of my di | reby ac<br>o comp<br>uties, a | ccept the ap<br>ply with the<br>and I am far | ppointm<br>provisi<br>niliar w | ent as<br>ons of al<br>vith and |
| (Registered Agent's Sign  | ature (RE                                  | QUIRED)                                    | )                             |  |                                |                                 |
| (CONTIN   | ·  |  | -                             | TALLAHASS                                    | 2024 SEP 2                     |                                 |

### **ARTICLE IV-**

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

| <u>Title:</u> "AMBR" = Authorized Member   | Name and Address:  |
|--|--|
| "MGR" = Manager  | José A. Lamos<br>540685 Lem Turnez Rd<br>Callahan , Fl 32011   |
| *  |  |
|  |  |
| ·  |  |
| (Use attachment if necessary)  |  |
| CLE V: Other provisions, if any.   | 2024 SEP   |
|  | 55 23<br>EC 7  |
| REQUIRED SIGNATURE:  | HII: 07  |
| This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. | r an authorized representative of a member se with section 605.0203 (1) (b). Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felor |
|  | José A. Ramos  yped or printed name of signee  |
| k y  | yped or printed name of signee Filing Fees   |

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