# L24000420193

| (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: |
|   |
|   |
| NO \$\$                                 |

Office Use Only



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SECRETARY OF STALL

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# **COVER LETTER**

| Division of          | Corporations   |                                 |                          |   |
|----------------------|--|---------------------------------|--------------------------|---|
| SUBJECT: Taber       | na La Sevillana LLC                                    |                                 |                          |   |
|                      |  | sulting Florida Lim             | ited Con                 | npany)  |
|                      |  |                                 |                          | d fees are submitted to convert an "Othe coordance with s. 605,1045, F.S.                       |
| Please return all co | orrespondence concernin                                | g this matter to:               |                          |   |
| Ericka.Arrue         |  |                                 |                          |   |
|                      | (Contact Person)                                       | <u>.</u>                        | _                        |   |
| Actax Accounting a   | nd Payroll Services                                    |                                 |                          |   |
|                      | (Firm/Company)   | •                               | _                        |   |
| 7301 Wiles Rd Suite  | 201  |                                 |                          |   |
|                      | (Address)  | ·                               | _                        |   |
| Coral Springs, FL 3  | 3067   |                                 |                          |   |
|                      | (City, State and Zip Code)                             |                                 | _                        |   |
| info@actaxaccount    | ng.com   |                                 |                          |   |
| E-mail Address: (1   | o be used for future annual re                         | eport notifications)            | _                        |   |
| For further inform   | ation concerning this ma                               | itter, please call              |                          |   |
| Ericka Arrue         |  | at ( <sup>954</sup>             | 971-7                    | 7444<br>rtime Telephone Number)   |
| (Name of Co          | ntact Person)  | (Area Cod                       | e) (Day                  | rtime Telephone Number)   |
|                      | k for the following amou<br>on a bank located in the   |                                 | process                  | sed by this office must be payable in US  |
|                      | s \$155.00 Filing Fees<br>and Certificate of<br>Status | \$180.00 Filin and Certified Co |                          |   |
| P.O. Box 6           | Section<br>Corporations                                |                                 | New I<br>Divis:<br>The C | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 |

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Tallahassee, FL 32303

# **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.<br>TA              | The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  ABERNA LA SEVILLANA INC  |
|-----------------------|---|
|                       | (Enter Name of Other Business Entity)   |
| 2.                    | The "Other Business Entity" is a CORPORATION P22000089668 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.  |
|                       |   |
| Fi                    | rst organized, formed or incorporated under the laws of   |
|                       | (Enter state, or if a non-U.S. entity, the name of the country)   |
| on                    | 12/02/2022  |
| 0.                    | (date of organization, formation or incorporation)  |
|                       | The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: ABERNA LA SEVILLANA LLC  |
|                       | (Enter Name of Florida Limited Liability Company)   |
| 4.                    | If not effective on the date of filing, enter the effective date:   |
| (T<br>th<br><u>No</u> | 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.)  It is the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 APRIL   | 20_24                                   |                      |               |   |
|---|---|----------------------|---------------|---|
| Signature of Authorized Representative of Lim                                 | ited Liability Company:                 |                      |               |   |
| Signature of Authorized Representative:Printed Name: FRANCISCO PEREZ EIRIZ    |   | -<br>-               | ل             |   |
| Signature(s) on behalf of Other Rusiness Entity:                              | [See below for required signature(s)]   |                      |               |   |
| Signature   |   |                      |               |   |
| Signature: Printed Name: FRANCISCO PEREZ EIRIZ                                | Title: PRESIDENT                        | <br>191<br>1938      | 2024 SEP 20   |   |
|   |   |                      |               |   |
| Signature:Printed Name:   | Title:                                  |                      | 22            |   |
| Signatura   |   | SS O                 | 70            |   |
| Signature:Printed Name:   | Title:                                  | -(1)<br>-(1)<br>-(1) | ¥             | į |
|   |   |                      | 5: 0 <b>2</b> |   |
| Signature:Printed Name:   | m: 1                                    | - m                  | 10            |   |
| Printed Name:   | l'itle:                                 | _                    |               |   |
| Signature:  |   |                      |               |   |
| Signature:Printed Name:   | Title:                                  | <b>-</b>             |               |   |
|   |   |                      |               |   |
| Signature:Printed Name:   | Title:                                  | _                    |               |   |
|   |   | _                    |               |   |
| If Florida Corporation:<br>Signature of Chairman, Vice Chairman, Director, or | 055                                     |                      |               |   |
| If Directors or Officers have not been selected, an In                        | Corporator must sign                    |                      |               |   |
|   | ·                                       |                      |               |   |
| If Florida General Partnership or Limited Liabili                             | ty Partnership:                         |                      |               |   |
| Signature of one General Partner.   |   |                      |               |   |
| lf Florida Limited Partnership or Limited Liabili                             | ty Limited Partnership:                 |                      |               |   |
| Signatures of ALL General Partners.   | * ************************************* |                      |               |   |
| All others:   |   |                      |               |   |
| Signature of an authorized person.  |   |                      |               |   |
| Fees:   |   |                      |               |   |
| Articles of Conversion:   | \$25.00                                 |                      |               |   |
| Fees for Florida Articles of Organization:                                    | \$125.00<br>\$125.00                    |                      |               |   |
| Certified Copy:   | \$30.00 (Optional)                      |                      |               |   |
| Certificate of Status:  | \$5.00 (Optional)                       |                      |               |   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Δ        | RT | C | F | ī _ | No    | me:    |
|----------|----|---|---|-----|-------|--------|
| $\alpha$ |    |   |   |     | 1 7 4 | HILL . |

The name of the Limited Liability Company is:

### TABERNA LA SEVILLANA 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:

| <b>Princip</b> | al Office A | <u> Address:</u> |
|----------------|-------------|------------------|
|                |             |                  |

### **Mailing Address:**

FRANCISCO PEREZ EIRIZ

1209 MAIN STREET STE 101

JUPITER, FL 33458

FRANCISCO PEREZ EIRIZ

1209 MAIN STREET STE 101

JUPITER, FL 33458

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:

ACTAX ACCOUNTING AND PAYROLL SERVICES

Name

7301 WILES RD STE 201

Florida street address (P.O. Box NOT acceptable)

**CORAL SPRINGS** 

\_\_ 33067

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)

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|--------------|---|----|-------|------|-----|---|
| $\mathbf{A}$ | ĸ | 11 | v . i | 4 P. | ıv  | - |

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                          |                          |                |          |
| MGR                                      | FRANCISCO PEREZ EIRIZ    |                |          |
|  | 1209 MAIN STREET STE 101 |                |          |
|  | JUPITER, FL 33458        |                |          |
|  |                          |                |          |
|  |                          |                |          |
|  |                          |                |          |
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|  |                          | <del></del>    |          |
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|  |                          | S 20           |          |
|  |                          | —— <b>2</b> 2  |          |
|  |                          | 2024 SEP       |          |
| (Has attachment if                       |                          | % 20<br>% 20   |          |
| (Use attachment if necessary)            |                          | ्रेंट्रिन<br>स |          |
|  |                          | . 160          |          |
| RTICLE V: Other provisions, if any.      |                          | 5: 02          | <b>*</b> |
|  |                          |                | _        |
|  |                          |                | _        |

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

FRANCISCO PEREZ EIRIZ

Typed 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)