# L24000474404

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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LECRE GARY OF STATE

# COVER LETTER

Division of Corporations		
SUBJECT: ALDEA GLOBAL TV, LLC		
(Name of Res	sulting Florida Limite	1 Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	_	n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all correspondence concernin	g this matter to:	
LUIS EUGENIO DAVILA		
(Contact Person)		
ALDEA GLOBAL TV, INC		
(Firm/Company)		
1500 NW 89TH CT STE 106		
(Address)		
DORAL FL 33172		
(City, State and Zip Code)		
LUIS@REGALTAX.US		
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	tter, please call:	
LUIS E DAVILA	_at (305)	038310
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amoudollars and drawn on a bank located in the		cessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy	-
Mailing Address:	S	reet Address:
New Filing Section	_	cw Filing Section
Division of Corporations		livision of Corporations
P.O. Box 6327		he Centre of Tallahassee
Tallahassee, FL 32314		415 N. Monroe Street, Suite 810
	ļ	Illahassee, FL 32303

# **Articles of Conversion**

For

### "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organiz	zation are submitted to convert the following
"Other Business Entity" into a Florida Limited Liability	<b>Company</b> in accordance with s.605.1045, Florida
Statutes.	
1. The name of the "Other Business Entity" immediately prior ALDEA GLOBAL TV, INC	r to the filing of the Articles of Conversion is:
(Enter Name of Other Business Enter	(y)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partners)	
First organized, formed or incorporated under the laws of	RIDA
(Enter to	tate, or if a non-U.S. entity, the name of the country)
10/02/2017 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:
ALDEA GLOBAL TV, LLC	
(Enter Name of Florida Limited Liability Co	mpany)
4. If not effective on the date of filing, enter the effective date	01/01/2025
(The effective date: Cannot be prior to date of receipt or fitthe date this document is filed by the Florida Department	ied date nor more than 30 calcildar days after
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance w	th all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay a which such members are entitled under ss. 605.1006 and 605.	,

Signed this 29	day of <u>OCTOBER</u>	2024	<u> </u>
Signature of Auth	norized Representative of Limi	ited Liabi	ity Company:
0:	orized Representative:	مُران در مُران در	
Signature of Author	orized Representative:	<u> </u>	THOUSE DEPRESENTATIVE
Printed Name: LUIS	EUGENIO DAVILA	Title: <u>A</u> l	THORIZED REPRESENTATIV
	half of Other Business Entity:	Sec below	for required signature(s)
Cianatana	<u>Luin</u> Jamile		
Drinted Name LUIS	EUGENIO DAVILA	Title: Pf	PESIDENT
rimed rame. <u>49.9</u>	20020	_ me. <u></u>	
Signature:			
Printed Name:		Title:	
			_ ,
Signature:			
Printed Name:		Title:	
Signaturo:			
Printed Name:		Title:	
rimed rame		_ 11111	
Signature:			
Printed Name:		Title:	
C:			
Signature:		Tida	
rimed Name,		1100	
If Florida Corpora	ation:		
Signature of Chairn	nan, Vice Chairman, Director, or	Officer.	
If Directors or Offic	eers have not been selected, an In	corporator i	nust sign.
lf Florida General	Partnership or Limited Liabili	ty Partner:	hin:
Signature of one Ge			<del></del>
	Partnership or Limited Liabili	t <u>y Limited</u>	Partnership:
Signatures of ALL	General Partners.		
All others:			
Signature of an auth	norized person.		1
<u>Fees:</u>			
Articles of	Conversion:	\$25.00	
	orida Articles of Organization:	\$125.00	l e
Certified C	<del>-</del>		<b>P</b> ptional)
Certificate	• *	\$5.00 (O	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	1
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
ALDEA GLOBAL TV, LLC	
(Must contain the words "Limited Liability C	onpany, "L.L.C.," or "LLC,")
ARTICLE II - Address:	
The mailing address and street address of the princ	chal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
1500 NW 89TH CT	1500 NW 89TH CT
STE 106	STE 106
DORAL, FL 33172	DDRAL, FL 33172
ARTICLE III - Registered Agent, Registered Of the Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	
The name and the Florida street address of the reg	istered agent are:
REGAL TAX & BUSINESS SOLU	Juons
Name	
1500 NW 89TH CT STE 106	
Florida street address (P.O. B	ok <u>NOT</u> acceptable)
DORAL	FL <sup>33172</sup>
City	Zin

is:

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. If 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)

Titlas	Nama and Addission
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGRM	REGAL ENTERPRISE INC
	1500 NW 89TH CT SUITE 106  DORAL FL 33172
	BORAL FE 33172
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
This document is executed in accordance	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
This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.	e with section 605 D203 (1) (b). Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felt
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605 D203 (1) (b). Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felometric degree for printed name of signee
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This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	rwith section 605 D203 (1) (b). Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felowers.  Viped or printed name of signee  Filing Fees  of Organization and Designation of Registered A