124000531266

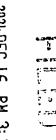
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 12/16/24
6107 W240U0156571

Office Use Only



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SECRETAL FRINTE





RECEIVED

2024 DEC 16 PM 4: 44

FLORIDA DEPARTMENT OF STATE
Division of Corporations SECRET,
TALLA

November 22, 2024

MARIA O NOES 5777 STATE ROAD HAMILTON, OH 45013 US

SUBJECT: PENA INVESTORS, LLC Ref. Number: W24000156571

We have received your document for PENA INVESTORS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Rickey L Richardson Regulatory Specialist II

Letter Number: 724A00025654



COVER LETTER

TO:	New Filing So Division of C					
SHRI	FCT: PENA IN	VESTORS, LLC				
3003	LC1	(Name of Res	ulting Florida Lim	ited Con	npany)	
					d fees are submitted to convert a coordance with s. 605.1045, F.S.	ı "Other
Please	e return all corre	espondence concerning	g this matter to:			
MARI	A O NOES					
		(Contact Person)		_		
		(Firm/Company)		-		
5777 ———	STATE RD			_		
		(Address)				
HAMI	LTON, OH 45013					
	•	City, State and Zip Code)				
•	990@yahoo.com			_		
E-r	nail Address: (to b	e used for future annual re-	port notifications)			
For fu	irther informatio	on concerning this ma	tter, please call:			
MARI	A O NOES		at (668-		
	(Name of Conta	ct Person)	(Area Cod	e) (Day	time Telephone Number)	
		or the following amou a bank located in the		process	sed by this office must be payable	e in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Addr New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C 2415	Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 10 17 18 18 18 18 18 18 18 18 18 18 18 18 18	2024 DEC

Articles of Conversion

For

"Other Business Entity"

Into

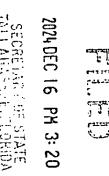
Florida Limited Liability Company

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.

PENA INVESTORS, INC. +04000 60388
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
04/09/2004 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:
PENA INVESTORS, 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.

1.



Signed this 31 day of OCTOBER	20 <u>.84</u>
Signature of Authorized Representative of Lim	ited Liability Company:
AT	(down D
Signature of Authorized Representative: Mar Printed Name: MARIA O NOES	Title: MANAGING MEMBER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
L.	
Signature:	THE PRESIDENT
Printed Name: MARIA O NOES	
Signature: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Printed Name: RICARDO PENA	Title: VICE PRESIDENT
Signature: Law 160 6	
Signature: Kand Albert	T0540U050
Printed Name: CARMEN GESTO	Title: IREASURER
Signature:	
Printed Name:	Title:
Timed Name.	
Signature:	
Printed Name:	Title:
0.	
Signature:Printed Name:	Title
rinted Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
YOUR IN CO. AND DESCRIPTION OF LIGHT AND LIGHT.	tu. Dautu aughina
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty rarthership:
Signature of one denotal father.	
If 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
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company i	is:
PENA INVESTORS, LLC	
(Must contain the words "Limited Liab	ility 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:
Principal Office Address:	Mailing Address:
MARIA O NOES	MARIA O NOES
5777 STATE RD	5777 STATE RD
HAMILTON, OH 45013	HAMILTON, OH 45013
RICARDO E PENA	me
5386 SW 86th Place Florida street address (P	.O. Box NOT acceptable)
OCALA	FL 34476
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

(CONTINUED)

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SECRESS A STATE

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

-0			
MARIA O NOES 5777 STATE RD			
20741			
- F.C. 74			
2074 DEC			
2º - 5			
<u> </u>			
3: 20 STATE LORRID			
平台 2			
<u></u>			

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.

MARIA O NOES

Typed or printed name of signce

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)