

L25000033889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

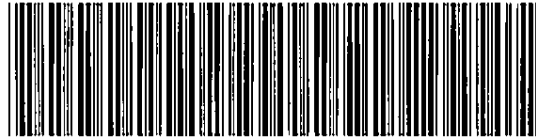
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2025 JAN 15 PM 5:54
TOLSON

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bouquet Capital LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

NATALIE SPLINTER

(Contact Person)

NEROS CORP

(Firm/Company)

12950 SW 127TH AVE APT 303

(Address)

MIAMI, FL 33186

(City, State and Zip Code)

OSORIO@NEROSCORP.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

NATALIE SPLINTER

at (786) 208-4438

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Bouquet Capital LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Bouquet Capital LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of NEW MEXICO
(Enter state, or if a non-U.S. entity, the name of the country)

on AUGUST 15, 2023
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Bouquet Capital LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: DECEMBER 26, 2024
(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.


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CLERK OF THE COURT
JAN 15 2025

Signed this December day of 26 2024

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: Patrick Joan Bouquet Garcia Title: MGR

Signature(s) on behalf of Other Business Entity; (See below for required signature(s))

Signature: 
Printed Name: Patrick Joan Bouquet Garcia Title: MGR

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability 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) |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bouquet Capital 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:

Principal Office Address:

8503 NW 41st Street
Pembroke Pines, FL 33024

Mailing Address:

8503 NW 41st Street
Pembroke Pines, FL 33024

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:

NEROS CORP

Name

12950 SW 127TH AVE APT 303

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

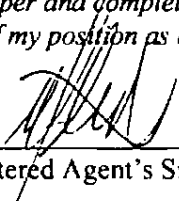
MIAMI

FL 33186

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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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Patrick Joan Bouquet Garcia

8503 NW 41st Street

Pembroke Pines, FL 33024

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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.

Patrick Joan Bouquet Garcia

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)

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STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

Certificate of Organization

OF

BOUQUET CAPITAL LLC

7324480

New Mexico

The Office of the Secretary of State certifies that the Articles of Organization, duly signed and verified pursuant to the provisions of the

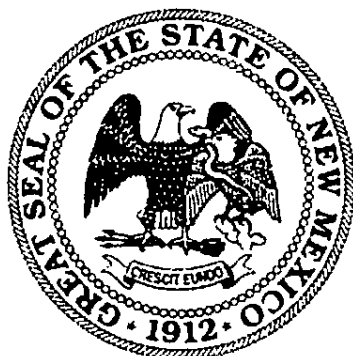
Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

have been received and are found to conform to law. Accordingly, by virtue of the authority vested in it by law, the Office of the Secretary of State issues this Certificate of Organization and attaches hereto a duplicate of the Articles of Organization.

Dated: **August 15, 2023**

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.



Maggie Toulouse Oliver

Maggie Toulouse Oliver
Secretary of State

2025 JAN 15 PM 5:54
FEB 11 2025



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

Office of the New Mexico Secretary of State
Filing Number: 0002376500
Filed On: 8/15/2023
Total Number of Pages: 1 of 3

Limited Liability Company

ONLINE ARTICLES OF ORGANIZATION

The undersigned, acting as organizer(s) of a Limited Liability Company pursuant to the New Mexico Limited Liability Company Act, adopt the following Articles of Organization:

ARTICLE ONE: The name of the Limited Liability Company is:

BOUQUET CAPITAL LLC

ARTICLE TWO: The period of duration is: Perpetual

ARTICLE THREE:

(1) The name of the initial registered agent at the address is:

| |
|--|
| Name of Entity Appointed Registered Agent |
|--|

| |
|---|
| REPUBLIC REGISTERED AGENT SERVICES INC. |
|---|

(2) The New Mexico street address of the company's initial registered agent is:

| Type | Address | City | State | Zip | Country |
|------------------|--------------------------------|-------------|-------|-------|---------|
| Physical Address | 8206 Louisiana Blvd NE Suite A | Albuquerque | NM | 87113 | USA |

(Post Office Box is not acceptable. Provide a description of the geographical location if a street address does not exist.)

(3) The street address of the company's principal place of business, if different from its registered agent's address is:

| Address | City | State | Zip | Country |
|---------------|-------------|-------|-------|---------|
| 500 4TH ST NW | Albuquerque | NM | 87102 | USA |

(4) The mailing address of the Limited Liability Company is:

| Address | City | State | Zip | Country |
|---------|------|-------|------|---------|
| NONE | NONE | NONE | NONE | USA |

Email Address: EFILE1234@INCFIL.COM

Phone: 888-462-3453

ARTICLE FOUR: (Check only if applicable):

☐ YES Management of the business and affairs of the company is vested in a manager(s).

Manager Name and address:

| Name | Physical Address | Mailing Address |
|------|------------------|-----------------|
|------|------------------|-----------------|

ARTICLE FIVE: (Check only if applicable):

☐ YES The Limited Liability Company is a single member Limited Liability Company.

Member Name and
address:

| Name | Physical Address | Mailing Address |
|------|------------------|-----------------|
|------|------------------|-----------------|

ARTICLE SIX: If these Articles of Organization are not to be effective upon filing with the Secretary of State's Office, the effective date is *(if an effective date is specified here, it cannot be a date prior to the date the articles are received by the Secretary of State's Office.)*

Effective Date

08/15/2023

Purpose: BUSINESS CONSULTING, TECHNOLOGY DEVELOPMENT, TRAINING AND MARKET RESEARCH

NAICS Code:

NAICS Sub Code:

Organizer(s) Printed Name(s):

(Typing the First and Last Name of the Organizer(s), is the equivalent of an electronic signature.)

| First Name | Last Name |
|------------|-----------|
| LOVETTE | DOBSON |

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