

N24000014636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

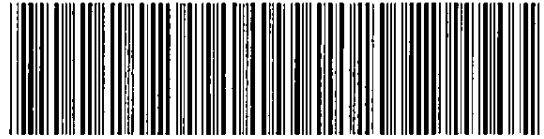
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/28/24--01027--015 **25.00

12/12/24--01007--002 **20.00

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2024 OCT 28 AM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LATINOS LINK, LLC

Name of Florida Limited Liability Company

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

Please return all correspondence concerning this matter to:

LILLIBET LAZO

Contact Person

LATINOS LINK, LLC

Firm/Company

6105 MEMORIAL HWY SUITE F

Address

TAMPA, FL 33615

City, State and Zip Code

info@sunshinestatecarrier.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LILLIBET LAZO

Name of Contact Person

at (786) 832-6363

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee
and Certificate of
Status

☐ \$55.00 Filing Fee
and Certified Copy

☐ \$60.00 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing Address:

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

Street Address:

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

CR2E106 (05/17)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2024

LILIBET LAZO
6105 MEMORIAL HWY STE F
TAMPA, FL 33615 US

SUBJECT: LATINOS LINK, LLC
Ref. Number: W24000154788

There is a fee of \$80.00 due.

We are enclosing the proper form(s) with instructions for your convenience.

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

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 724A00025284

RECEIVED

2024 DEC 17 PM 2:08

SECRET
TALLAHASSEE, FL

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation
Non-Profit

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statute.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Latinos Link LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a

LLC

(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of

Florida

(Enter state, or if a non-U.S. entity, the name of the country).

on

7/23/2024

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida ^{Non-Profit} Profit Corporation as set forth in the attached Articles of Incorporation:

Latinos Link Incorporated

Enter Name of Florida Profit Corporation
Non-Profit

5. If not effective on the date of filing, enter the effective date: 11/19/2024
(The effective date: Cannot be prior to nor more than 90 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.

Signed this: 10th day of December, 2024

Required Signatures for Florida LLC Corporations:

Signature of [Signature] President, Chairman, Director, Officer, or, if Director or Officer, have not been selected, an
Incorporator: [Signature]
Printed Name: Lillibet Lazo Title: owner

Required Signatures on behalf of Other Business Entities (See below for required signature(s).)

Signature: [Signature]

Printed Name: Lillibet Lazo Title: owner

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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.

If Florida Limited Liability Company:
Signature of a Member or Authorized Representative.

All others:
Signature of an authorized person.

| | |
|---|-------------------|
| <u>Fees:</u> | |
| Certificate of Conversion: | \$35.00 |
| Fees for Florida Articles of Incorporation: | \$70.00 |
| Certified Copy: | \$8.75 (Optional) |
| Certificate of Status: | \$6.75 (Optional) |

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Latinos Link Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

6105 Memorial Hwy

Suite F

Tampa, FL 33615

Mailing address, if different is:

Same as Principal

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

See attached page: "Article III - Purpose answer"

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Elected at the annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lilibeth Lazo, Director Name and Title: _____

Address: 6105 Memorial Hwy Address: _____

Suite F

Tampa, FL 33615

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lillibet Lazo

Address: 6105 Memorial Hwy
Suite F
Tampa, FL 33615

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Lillibet Lazo

Address: 6105 Memorial Hwy, Suite F
Tampa, FL 33615

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/19/2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

(X)

Required Signature of Registered Agent

12/10/2024
Date

I submit this document and affirm that the facts stated herein are true. 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.817.153, F.S.

(X)

Required Signature of Incorporator

12/10/2024
Date

ARTICLE III-PURPOSE ANSWER

Some ideas of purpose might include:

1. Promote physical and emotional well-being
 - Offer activities, educational and recreational programs designed to improve the quality of life of both children and the elderly.
2. Foster intergenerational connections
 - Create spaces where children and the elderly can interact and learn from each other, strengthening the community and generating meaningful relationships.
3. Combat social isolation
 - Reduce loneliness among the elderly and offer emotional support to children, especially those in vulnerable situations.
4. Develop skills and values
 - Organize programs where the elderly share their knowledge and experiences, while children develop empathy, respect and social values.
5. Ensure access to basic resources
 - Provide essential services, such as healthy eating, medical assistance, academic tutoring or specialized care.
6. Create a sustainable impact
 - Implement initiatives that benefit the community in the long term, such as workshops, mentoring or joint projects between generations.

The specific approach will depend on the needs of the community to be served and the resources available to the organization.

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