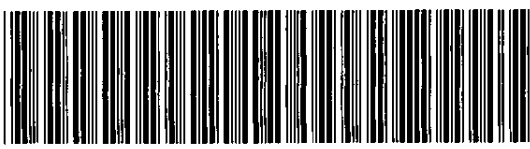


P16000058/53



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07/08/16--01017--019 \*\*113.75

700284563287  
04/19/16--01015--014 \*\*60.00

FILED  
16 JUL -8 AM 10:55  
TALLAHASSEE, FLORIDA

(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:

Office Use Only

w/k 35375

JUL 2017  
S. GILBERT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

To fill out →

April 25, 2016

GUSTAVO GUZMAN  
10206 NW 47TH STREET  
SUNRISE, FL 33351

SUBJECT: ANGEL - LI LLC  
Ref. Number: W16000030575

5/13/16

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

16 JUL -6 AM 10:53

RECEIVED

We have received your document for ANGEL - LI LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Wrong document type and wrong fees sent. Balance due 45.00 ~~45.00~~ 53.75

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

Please return the corrected original and one copy of 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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 916A00008505

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANGEL-LI 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:

Gustavo Guzmán  
Contact Person  
Angel-li LLC  
Firm/Company  
10206 NW 47th St  
Address  
Sunrise, FL 33351  
City, State and Zip Code

angellifinancialmanager@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gustavo Guzmán at ( 954 ) 610-2794  
Name of Contact Person 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

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

FILED  
16 JUL -8 AM 10:55  
TALLAHASSEE, FLORIDA  
STATE

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 Statutes.

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

Angel-Li LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Angel-Li CORP  
(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 July 24th, 2015  
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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

ANGEL-LI CORP

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: January 1st, 2016  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.**)

**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 21st day of June, 2016.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: [Signature]  
Printed Name: Marisol Sanchez Title: CEO / President

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: [Signature]

Printed Name: Gustavo Guzman Title: Finance Manager

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.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ED

16 JUL -8 AM 10:55

**ARTICLE I NAME**

The name of the corporation shall be: Angeli CORP

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
10206 NW 47th Street  
Sunrise, FL 33351

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Due to business growth on tax advantages for shareholders.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Marisol Sanchez - CEO Name and Title: \_\_\_\_\_

Address: 10206 NW 47th Street Address: \_\_\_\_\_  
Sunrise, FL 33351

Name and Title: Gustavo Guzman - Finance Manager Name and Title: \_\_\_\_\_

Address: 10206 NW 47th Street Address: \_\_\_\_\_  
Sunrise, FL 33351

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: Gustavo Guzmán

Address: 10206 NW 47th Street  
Sunrise, FL 33351

**ARTICLE VII INCORPORATOR**

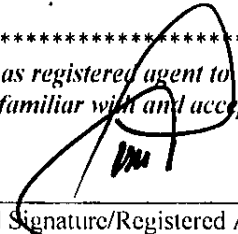
The name and address of the Incorporator is:

Name: Angel-Li Corporation

Address: 10206 NW 47th Street  
Sunrise, FL 33351

\*\*\*\*\*

*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*

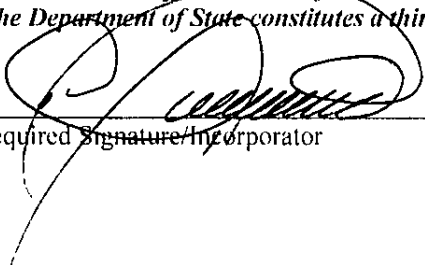


6/22/16

Required Signature/Registered Agent

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.817.155, F.S.*



06-22-16

Required Signature/Incorporator

Date