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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

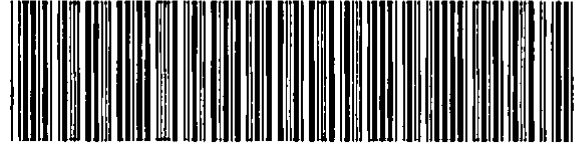
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE

MAR 01 2019

W19-1769<sup>r</sup>



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2019

JOSE M. DE LA O  
AGI REGISTERED AGENTS, INC.  
1000 BRICKELL AVE., STE. 300  
MIAMI, FL 33131

SUBJECT: LAGORIO PROPERTIES, INC.  
Ref. Number: W19000017697

We have received your document for LAGORIO PROPERTIES, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 519A00003819

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Lagorio Properties, Inc.

\_\_\_\_\_  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Jose M. de la O

\_\_\_\_\_  
Contact Person

AGI Registered Agents, Inc.

\_\_\_\_\_  
Firm/Company

1000 Brickell Ave., Suite 300

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City, State and Zip Code

jose@agi-ra.com

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

For further information concerning this matter, please call:

Jose M. de la O

at ( 305 ) 416-6800

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees    ☒ \$113.75 Filing Fees    ☐ \$122.50 Filing Fees.  
and Certificate of    and Certified Copy    Certified Copy, and  
Status    Certificate of Status

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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

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:

Lagorio Properties, LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company  
(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 June 30, 2016

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:

NA

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

Lagorio Properties, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(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.

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Signed this 12th day of February, 2019.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: Robert R. Adams Title: Incorporator

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

Signature: \_\_\_\_\_

Printed Name: Robert R. Adams Title: Authorized Representative

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I    NAME**

The name of the corporation shall be: Lagorio Properties, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

1000 Brickell Avenue

Suite 300

Miami, FL 33131

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

To transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act.

To do such things as are incidental to te foregoing or necessary or desirable in order to accomplish the foregoing.

**ARTICLE IV    SHARES**

The number of shares of stock is: One hundred (100)

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

Name and Title: Carlos M. Barciela - President & Secretary

Address: 1000 Brickell Ave., Suite 300

Miami, FL 33131

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Dolores Barciela - V. President & Treasurer

Address: 1000 Brickell Ave., Suite 300

Miami, FL 33131

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: AGI Registered Agents, Inc.  
Address: 1000 Brickell Ave., Suite 300  
Miami, FL 33131

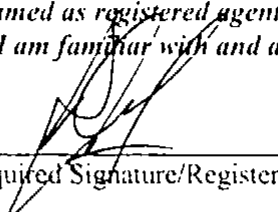
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

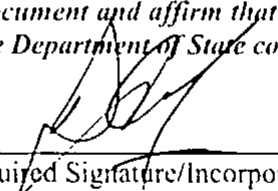
Name: Robert R. Adams  
Address: 1000 Brickell Ave., Suite 300  
Miami, FL 33131

\*\*\*\*\*

*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*

 2/12/2019  
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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 2/12/2019  
Required Signature/Incorporator Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA