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

TO:

| TO: | New Filing Sec Division of Co | | | |
|---------------|---|--|---|---|
| SUBJ | FCT: | LIEVO | RE MORRISC | ON LLC |
| 0000 | | Name of | Resulting Florida Profi | t Corporation |
| | | of Conversion, Articles or rofit Corporation" in according to the corporation of the corp | <u>-</u> | es are submitted to convert the following eligible 933 & 607.0202, F.S. |
| Please | return all corres | pondence concerning this | s matter to: | |
| JUA | N M FAIL | LA | | |
| | | Contact Person | | |
| λ 0 | | | | |
| | | Eirm/Company | | |
| 653 | 8 COLLIN | S AVE., STE 3 | 79 | |
| | | Address | | |
| MIA | MI BEACI | H FL, 33141 | | |
| | | City, State and Zip Code | 2 | |
| | | | | |
| E | E-mail address: (t | o be used for future annu | ual report notification) | |
| | | concerning this matter, I | please call: | |
| JUA | NM FAIL | LA | at (+54 356) 4 | 47-2146 d Daytime Telephone Number |
| | Name of Co | ontact Person | Area Code ar | d Daytime Telephone Number |
| Enclos | sed is a check for | the following amount: | | |
| ≡ \$10 | 05.00 Filing Fees | □\$113.75 Filing Fees and Certificate of Status | □\$113.75 Filing Fees and Certified Copy | ©\$122.50 Filing Fees, Certified Copy, and Certificate of Status |
| | Mailing Addr New Filing Sc Division of Co P.O. Box 632 Tallahassee, F | ection orporations 7 | New Divis The (2415 | Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303 |

Articles of Conversion

For

Converting Eligible Entity

Into

Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following <u>eligible</u> <u>business entity into a Florida Profit Corporation</u> in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

| 1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion | is: | | |
|---|---|---------|-------------|
| LIEVORE MORRISON LLC | | | |
| Enter Name of the Converting Entity | <u> </u> | | |
| 2. The converting 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 01/27/2020 | | | |
| Enter date "Converting Entity" was first organized, formed or incorporated | • | | |
| 3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation LIEVORE MORRISON LLC | on: | | |
| Enter Name of Florida Profit Corporation | • | | |
| 4. This conversion was approved by the eligible converting entity in accordance with this chapter a current/organic jurisdiction. | ınd the | laws of | its |
| 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 Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records. | | | |
| | 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | 20 | ~~ <u>`</u> |
| | - | - : | *** |

| Signed | this <u>Harch</u> | , 20_20 | | |
|--------------------|--|--|----------------------------------|---------------------------------------|
| Requi | red Signature for Florida Profit Corporation | <u>u</u> | | |
| | are of Director officer, or, if Directors or Office | | г: | |
| Printed | Name: JUAN M FAILLA Title: MG | R/D | | |
| Requi | ed Signature(s) on behalf of Converting Flor | rida partnerships, limited partnerships, | and lim | ited liability |
| compa | nies: [See below for required signature(s).] | | | |
| Signati | Name: JUAN M FAILLA | MCD | _ | |
| Printed | Name: JUAIN FAILLA | Title: WGR | _ | |
| Signati | ıre: | | _ | |
| Printed | Name: | Title: | _ | |
| Signati | nre: | · | _ | |
| Printec | Name: | Title: | _ | |
| Signati | ire: | | - | |
| Printed | Name: | Title: | | |
| Signati | ıre: | | _ | |
| Printed | Name: | Title: | _ | |
| Signati | ire: | | _ | |
| Printed | Name: | Title: | _ | |
| | ida General Partnership or Limited Liability are of one General Partner. | y Partnership: | 7. 7. 7. 8. 8. 8. | 20::: |
| | ida Limited Partnership or Limited Liability tres of <u>ALL</u> General Partners. | y Limited Partnership: | | = = = = = = = = = = = = = = = = = = = |
| | ida Limited Liability Company: are of a Member or Authorized Representative. | | t shapp | 10:01 11:00:01 |
| All oth Signatu | ers: ire of an authorized person. | | • | |
| Fees: | Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status: | \$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional) | | |

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION compliance with Chapter 607 and/or Chapter 621. F.S. (Profit

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: LIEVORE MORRISON INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Mailing address, if different is: Principal street address 6538 COLLINS AVE., STE 379 SAME MIAMI BEACH FL, 33141 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: JUAN M FAILLA - P Name and Title: 6538 COLLINS AVE., STE 379 Address: Address: MIAMI BEACH FL, 33141 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address:

REGISTERED AGENT

| The | name and Florida str | eet address (P. | O. Box | NOT | acceptable) o | f the r | egistered | agent is: |
|-----|----------------------|-----------------|--------|-----|---------------|---------|-----------|-----------|
| | | | | | | | | |

Name:

MARIA STEVENAZZI

Address:

6538 COLLINS AVE., STE 379

MIAMI BEACH FL, 33141

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