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(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	☐ MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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SECRETARY WESTAM
OF CORPORATION

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TO: **New Filing Section**

Division of Corporations

ESTRELLA Y CARLOS, LLC

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Estrella Temprano

Contact Person

ESTRELLA Y CARLOS, LLC

Firm/Company

8460 SW 156 PL #702

Address

Miami, FL 33193

City. State and Zip Code

tempranoestrella66@live.com

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

For further information concerning this matter, please call:

Estrella Temprano

Name of Contact Person

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

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

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 eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
LLA Y CARLOS, LLC
Enter Name of the Converting Entity
rting entity is a Limited Liability Company L1900027762
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
d. formed or incorporated under the laws of Florida
(Enter state, or it a non-o.s. entity, the name of the country)
ary 13, 2019
Enter date "Converting Entity" was first organized, formed or incorporated.
of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
no Health Services, Inc
Enter Name of Florida Profit Corporation
rsion was approved by the eligible converting entity in accordance with this chapter and the laws of its c jurisdiction.
tive on the date of filing, onter the effective date: 06/04/2020
of State.)
late inserted in this block does not meet the applicable statutory filing requirements, this date will not be ocument's effective date on the Department of State's records.
Enter date "Converting Entity" was first organized, formed or incorporated. Enter Name of Florida Profit Corporation Enter Name of Florida Profit Corporat

1

Signed	Ithis 4th	June			
<u>Requi</u>	Required Signature for Florida Profit Corporation:				
Signat	Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:				
Printed	i Name: Estre	ella Temprano Title: MG	SR		
Requi compa	red Signature inies: [See be	(s) on behalf of Converting Flor low for required signature(s).]	ida partnerships, limited partnerships, ar	nd limited liability	
Signat	ure:	gys-			
Printed	_{I Name:} Est	rella Temprano	_{Title:} MGR		
Signat	ure:				
Printed	i Name:		Title:		
Signat	ure:			اد 20	
Printed	l Name:		Title:	SECRE JIVLEOS NITL OS	
Signat	ure:				
Printed	d Name:		Title:		
Signat	ure:			5	
Printed	l Name:		Title:	·	
Signat	Signature:				
			Title:		
	rida General F ure of one Gen	Partnership or Limited Liability eral Partner.	Partnership:		
If Flor	ida Limited P ures of <u>ALL</u> G	Partnership or Limited Liability ieneral Partners.	Limited Partnership:		
		<u>liability Company:</u> er or Authorized Representative.			
All oth Signati	ners: ure of an autho	orized person.			
Fees:	Articles of C Fees for Flor Certified Cop Certificate of	ida Articles of Incorporation: by:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)		

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

ARTICLE I NAME The name of the corporation shall be: Temprano Health Services, Inc

The principa	al place of business/mailing address is:		
3460 SW 156ti	Principal street address h PL # 702 Miami FL 33193	7	Mailing address, if different is:
			V I.
		·	
	III PURPOSE e for which the corporation is organized is:		
	n Services		
			
ARTICLE	IV SHARES 100		
ARTICLE The number	IV SHARES of stock is: 100		
he number ARTICLE	of shares of stock is: V OFFICERS AND/OR DIRECTOR	<u>s</u>	
The number	of shares of stock is:	_	
The number ARTICLE Name and 1	of shares of stock is: V OFFICERS AND/OR DIRECTOR	_	
The number ARTICLE Name and 1	of shares of stock is:	Name and Title:_	
The number ARTICLE Name and T Address:	of shares of stock is: V OFFICERS AND/OR DIRECTOR itle: Estrella Temprano, MGR 8460 SW 156th PL #702 Miami FL 33193	Name and Title:_ Address:	
The number ARTICLE Name and T Address: Name and T	v of shares of stock is: 100 v officers and/or director itle: Estrella Temprano, MGR 8460 SW 156th PL #702	Name and Title:_ Address: _ Name and Title:_	
The number ARTICLE Name and T Address:	of shares of stock is: V OFFICERS AND/OR DIRECTOR itle: Estrella Temprano, MGR 8460 SW 156th PL #702 Miami FL 33193	Name and Title:_ Address: Name and Title:_	
The number ARTICLE Name and T Address: Name and T	of shares of stock is: V OFFICERS AND/OR DIRECTOR itle: Estrella Temprano, MGR 8460 SW 156th PL #702 Miami FL 33193 Title:	Name and Title:_ Address: _ Name and Title:_ Address: _ Address: _	
The number ARTICLE Name and T Address: Name and T Address:	v of shares of stock is: 100 v of s	Name and Title: Address: Name and Title: Address: Address:	
The number ARTICLE Name and T Address: Name and T Address:	of shares of stock is:	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	
The number ARTICLE Name and T Address: Name and T Address:	of shares of stock is:	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	

ARTICL	E VI REGISTERED AGENT	
The <u>name</u>	and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	Estrella Temprano	1
Address:	8460 SW 156th PL #702	
	Miami FL 33193	
*****	************	*******
Having be this certifi	een named as registered agent to accept service of picate, I am familiar with and accept the appointment	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
	Sylva -	06/04/2020
	Required Signature/Registered Agent	Date

20 JUN 11 DAY 1:15