P230000 60316

(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



200413013572

07/31/23--01014--004 **105.00



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Lake Linda Corp	
Name of Resulting Florida Profit Corpor	ation
The enclosed Articles of Conversion, Articles of Incorporation, and fees are su entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 6	
Please return all correspondence concerning this matter to:	
Paola Cardenas	
Contact Person	
Tax Care Orlando	
Firm/Company	
12701 S John Young Pkwy Ste 216	
Address	
Orlando, Florida, 32837	
City, State and Zip Code	
Taxcareorlando@aol.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Paola Cardenas at (321) 284-93	<u> </u>
Name of Contact Person Area Code and Dayti	me Telephone Number
Enclosed is a check for the following amount:	
and Certificate of and Certified Copy Certi	22.50 Filing Fees, fied Copy. and ficate of Status
P.O. Box 6327 The Centre of	Section Corporations of Tallahassee or Street, Suite 810

Articles of Conversion For Converting Eligible Entity Into

Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation 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:

Lake Linda LLC	22200298802
	Enter Name of the Converting Entity
2. The converting entity is aLimite	ed Liability Company
	rpe. Example: limited liability company, limited partnership, ership, common law or business trust, etc.)
first organized, formed or incorporate	d under the laws of State of Florida
(Enter	state, or if a non-U.S. entity, the name of the country)
on 02-11-2011	
Enter date "Co	onverting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Cor	poration as set forth in the attached Articles of Incorporation:
Lake Linda Corp	
	Enter Name of Florida Profit Corporation
4. This conversion was approved by the current/organic jurisdiction.	ne eligible converting entity in accordance with this chapter and the laws of its
5. If not effective on the date of filing	enter the effective date: 06-01-2023
(The effective date: Cannot be prio	r to nor more than 90 days after the date this document is filed by the Florida
Department of State.)	e door not most the applicable statutom. Cline requirements, this data will not be
	k does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.
	. 5 5. 5 5. 5 daile 6

Signed this 12 day of July	20 23		
Required Signature for Florida Profit Corporation			
Signature of Director, Officer, or if Directors or Officer Printed Name: Emilia Silva-Calandriello Title: Pres			
Required Signature(s) on behalf of Converting Flor		and limited the bitter.	
companies: [See below for required signature(s)]			
Signature:			
Printed Name: Emilia Silva-Calandriello	Title:Member		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:			
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:			
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		202	6
All others: Signature of an authorized person.		33 JUL 3	
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)	31 WH: 18	

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

ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 7825 NW 107 AV	Mailing address, if different is: 7825 NW 107 AV
Apt. 401	Apt. 401
Doral, Florida, 33178	Doral, Florida, 33178
The purpose for which the corporation is organized is:	
Any and all lawful business	
	
	
The number of shares of stock is:100	<u>ss</u>
The number of shares of stock is: 100	es Name and Title: Miguel O Calandriello - VP
The number of shares of stock is: 100 ARTICLE V OFFICERS AND/OR DIRECTOR	Name and Title: Miguel O Calandriello - VP Address: 7825 NW 107 AV
The number of shares of stock is: 100 ARTICLE V OFFICERS AND/OR DIRECTOR Name and Title: Emilia Silva-Calandriello - P	Name and Title: Miguel O Calandriello - VP Address: 7825 NW 107 AV
The number of shares of stock is:100 ARTICLE V OFFICERS AND/OR DIRECTOR Name and Title: Emilia Silva-Calandriello - P Address:7825 NW 107 AV, Apt. 401	Name and Title: Miguel O Calandriello - VP Address: 7825 NW 107 AV
The number of shares of stock is: 100 ARTICLE V OFFICERS AND/OR DIRECTOR Name and Title: Emilia Silva-Calandriello - P 7825 NW 107 AV, Apt. 401 Doral, Florida, 33178	Name and Title: Miguel O Calandriello - VP Address: 7825 NW 107 AV Doral, Florida, 33178
The number of shares of stock is: 100 ARTICLE V OFFICERS AND/OR DIRECTOR Name and Title: Emilia Silva-Calandriello - P Address: 7825 NW 107 AV, Apt. 401 Doral, Florida, 33178 Name and Title: Maria Silva Madrid - VP	Name and Title: Miguel O Calandriello - VP Address: 7825 NW 107 AV Doral, Florida, 33178 Name and Title: Co
The number of shares of stock is: 100 ARTICLE V OFFICERS AND/OR DIRECTOR Name and Title: Emilia Silva-Calandriello - P Address: 7825 NW 107 AV, Apt. 401 Doral, Florida, 33178 Name and Title: Maria Silva Madrid - VP Address: 7825 NW 107 AV	Name and Title: Miguel O Calandriello - VP Address: 7825 NW 107 AV Doral, Florida, 33178 Name and Title: 53 Address: 53

ARTICI The name	LE VI REGISTERED AGENT e and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Tax Care Orlando		
Address:	12701 S John Young Pkwy Ste 216		
	Orlando, Florida, 32837 US		
******	**********************	*******	
_	een named as registered agent to accept service of processives. I am familiar with and accept the appointment as		4,7
		07-11-2023	
	Required Signature/Registered Agent	Date	