P24000024891

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





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01/08/24--01030--017 **105.00



T. MATTHEWS APR 10 2024





February 7, 2024

PATRICIA LEPORE 10201 SE 170TH PL SUMMERFIELD, FL 34491 US

SUBJECT: GH DISCOUNT LIQUORS INC

Ref. Number: W24000021230

We have received your document for GH DISCOUNT LIQUORS INC and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(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.

Tekayla T Matthews Regulatory Specialist II

Letter Number: 324A00002735

COVER LETTER

TO: New Filing Section Division of Corporations

$_{\text{SUBJECT:}}$ GH DISCOUNT LIQUORS INC

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 t	inis matter to:
Patricia Lepore	
Contact Person	
Patricia Lepore, CB, E	A, PA
10201 SE 170th PI Address	
Summerfield, FI 34491 City, State and Zip Co	
patricia@pl-accounting E-mail address: (to be used for future ar	
For further information concerning this matte	er please call:
Patricia Lepore	at (352)266-4562
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 Fee and Certificate of Status	es \$\subseteq\$\$\\$113.75\$ Filing Fees, and Certified Copy 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

Articles of Conversion For

Converting Eligible Entity Into

Florida Profit Corporation

FILED

2024 JAH -8 PH 1: 18

SELECTARY OF STATE

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:

GH DISCOUNT LIQUORS LLC
Enter Name of the Converting Entity
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} November 14, 2022
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: GH DISCOUNT LIQUORS INC
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: January 1, 2024
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid
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.

	Signed this 5day of December		
	Required Signature for Florida Profit Corporation:		
×	Signature of Director, Officer, or, if Directors or Officer Printed Name: Leo M Dominguez Title: Pres	·	
	Required Signature(s) on behalf of Converting Floricompanies: [See below for required signature(s).]	da partnerships, limited partnerships, a	nd limited liability
	Signature:	N A au m	
	Printed Name: Leo M Dominguez	_ Title: IVIGF	
¥	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 Signature of one General Partner.	Partnership:	
	If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	
	If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
	All others: Signature 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 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

principal place of business/mailing address is: Principal street address Mailing address, if different is:	ricle i	NAME GH DISCOU	NT LIQUORSUINE PH 1: 18
Principal street address Mailing address, if different is: 6920 US-441 UNIT 101 UMMERFIELD, FL 34491 RTICLE III PURPOSE te purpose for which the corporation is organized is: O PERFORM ANY AND ALL LAWFUL BUSINESS ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: Leo M Dominguez Name and Title: Address: Address: Address: Address: Address: Address: Address: Address:	mici E II	PRINCIPAL OFFICE	SECRETARY OF STATE TALL AHASSEE. FL
Name and Title: 6343 Dewey Robbins Rd Address: Address: Howey In The Hills, FI 34737 Name and Title: Name and Title: Address: Address: Address: Name and Title: Name and Title: Address: Address: Address: Address:	principal pi		Mailing address, if different is:
INTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: 6343 Dewey Robbins Rd Howey In The Hills, Fl 34737 Name and Title: Address: Address: Name and Title: Address: Address: Name and Title: Address: Address:			
Name and Title: Name and Title: Address: Name and Title: Address: Name and Title: Name and Title: Name and Title: Address: Name and Title: Address: Name and Title: Address: Address: Name and Title: Address: Address: Address:	e purpose fo	r <u>PURPOSE</u> or which the corporation is organized is: RFORM ANY AND ALL	LAWFUL BUSINESS
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Address: Address	Name and T	Leo M Dominguez	Name and Title:
Name and Title: Name and Title: Address: Name and Title: Address: Name and Title: Name and Title: Address: Address:		6343 Dewey Robbins Rd	Address:
Name and Title:	Adaress.	Howey In The Hills, FI 34737	
Address: Name and Title: Address: Address: Address:	Name and T		Name and Title:
Name and Title:	Address:		Address:
Address:	Name and		
			Address:
	Address:		-

ARTICLE VI REGISTERED AGENT

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

Name:

Address:

Address:

Datricia Lepore

10201 SE 170th Pl

Summerfield, Fl 34491

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

| 12/5/2023 |
| Required Signature/Registered Agent