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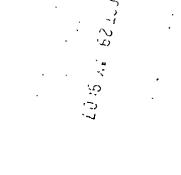
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W24000149192

Office Use Only



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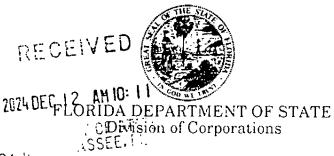
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November 4, 2024 '

JORGE REYES 3135 SW 80 AVE MIAMI, FL 33155 US

SUBJECT: WMC PALEO LLC Ref. Number: W24000149192

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Spore E Kyle

rua to sign

sig on behalf of other

builts entity 4 rubmit

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umain 10/24/24

We have received your document for WMC PALEO LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Crystal S Hightower Regulatory Specialist II

Letter Number: 424A00024223

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COVER LETTER

TO:	New Filing S Division of C							
SUBJ	ECT:	W M C (Name of Res	Paleo culting Florida Lim		npany)			
		s of Conversion, Artic a "Florida Limited Li						Other
Please	return all corr	espondence concernin	g this matter to:					
	Jorg	(Contact Person)		_				
	3135 s	(Firm/Company) W 80 Ave (Address)		_			13000	3
	Miami	FI 33155 City, State and Zip Code)	5	_			3.6.1.1. 6.0	، ،
u E-n	oneil Address to b	culed for future annual re	Com port notifications)	-		•	07	
For fu	rther informati	on concerning this ma	tter, please call:					
	Jorge (Name of Conta	leyes ct Person)	_at (<u>786</u> (Area Code	_/	955-3974 ytime Telephone Number	<u>1</u>		
		or the following amou a bank located in the		proces	sed by this office mu	st be paya	ıble in	US
(\$25 fo & \$125	r Conversion for Articles	S155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Co	g Fees py	S185.00 Filing Fees Certified Copy, and Certificate of Status	i .		
ot Orga	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, St hassee, FL 32303		2024 DEC 12 PH 3: 25	errer de la companya

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida - PILLOODEU996 (Enter state, or if a non-U.S. entity, the name of the country)
on 03/18/2014 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
winc Alex 110
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 10 124/2024. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 24 day of October	20 <u>24</u>					
Signature of Authorized Representative of Limit						
Signature of Authorized Representative: Printed Name: Torce Reyes (Title: President					
Signature(s) on behalf of Other Business Entity: [)]				
Signature: Printed Name: Signature: Printed Name: Signature: Printed Name:	Stitle: President	<u> </u>				
Signature: Printed Name:						
Signature: N/A Printed Name:	Title:					
Signature:Printed Name:	Title:					
Signature: M/D Printed Name:	Title:		1000	ı		
		: " -				
Signature: Printed Name:	Title:		8			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.						
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:					
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:					
All others: Signature of an authorized person.						
Fees:			20			
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	SECKETA A TOTAL	2024 DEC 12 PM 3:			
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mailing Address:				
7320 SW 45 St 3135 SW 80 Ave Migmi, Fl 33155 Migmi, Fl 33155				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
Tay Proj of Man, Inc Ground Sanction 1996				
Florida street address (P.O. Box NOT acceptable)				
Miami FL 33155 City Zip				
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S				
Registered Agent's Signature (REQUIRED)				
(CONTINUED)				

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = ManagerMGR	Jone Rujes 3135 Sw 80 Ave Miami, Fl 33155
(Use attachment if necessary)	29 A. 19
RTICLE V: Other provisions, if any.	9.57
REQUIRED SIGNATURE:	Reres
This document is executed in accorda	or an authorized representative of a member once with section 605.0203 (1) (b), Florida Statutes. I am aware that occurrent to the Department of State constitutes a third degree felony
Jorge	Typed or printed name of signee Filing Fees
\$125.00 Filing Fee for Article \$ 30.00 Certified Copy (Opt	es of Organization and Designation of Registered Agent ional) \$ 5.00 Certificate of Status (Optional)