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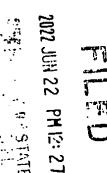
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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05/02/22--01003--020 **150.00





COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: SOSA SA, LLC			
(Name of Re	sulting Florida Limit	ed Com	рапу)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L			
Please return all correspondence concernir	ng this matter to:		
Maria Cury de Sanchez			
(Contact Person)			
M&MS CURY LLC			
(Firm/Company)			
5906 E COLUMBUS DR			
(Address)			
TAMPA, FŁ 33619			
(City, State and Zip Code)	<u> </u>		
mmscuryllc@gmail.com			
E-mail Address: (to be used for future annual re	eport notifications)		
For further information concerning this ma	atter, please call:		
MARIA CURY DE SANCHEZ	at (813	394-8	677
(Name of Contact Person)		/	ime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	•	rocess	ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address:			Address:
New Filing Section		iling Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
1.O. DOX 0321		1 110 C	CHECOL LUMINIOSCO

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

June 15, 2022

MARIA M CURY DE SANCHEZ 5906 E COLUMBUS DR TAMPA, FL 33619

SUBJECT: SOSA SA, LLC Ref. Number: W22000069647

We have received your document for SOSA SA, 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):

The Certificate of Conversion must be signed by an authorized person.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 822A00011974

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: SOSA SA, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
October 16 2019 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: SOSA SA, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(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 tiling 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.

FILED 2022 JUN 22 PM 12: 27 3個時 上 SF STATE

Signed this 08 day of JUNE	_20_ 22				
Signature of Authorized Representative of Limited Liability Company:					
Signature of Authorized Representative: Printed Name: JOSE A SOSA CARDENAS	Tive: MANAGER				
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)				
Signature: Yellowell Printed Name: Your luy	Title: Laugger				
Signature: Printed Name:					
Signature:Printed Name:	Title:				
Signature: Printed Name:	Title:				
Signature:Printed Name:					
Signature:					
Printed Name:	_ Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.	corporator must sign.				
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
All others: Signature of an authorized person.					
Fees:					
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - N The name of the	Name: Limited Liability	Company is:			
SOSA SA. LLC					
	(Must contain the word:	s "Limited Liability	Company, "L.L.C.," or "LLC.")		
ARTICLE II - The mailing add	Address: lress and street add	dress of the pr	incipal office of the Limited Liability Com	pany is:	
Principal Office	e Address:		Mailing Address:		
4403 W HIAWAT	HA ST TAMPA FL	33614	4403 W HIAWATHA ST TAMPA FL 336		

(The Limited Liability	Registered Ager y Company cannot serve an active Florida registr	e as its own Regist	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another		
The name and th	ne Florida street ac	ddress of the r	egistered agent are:		
	MARIA CURY	DE SANCHEZ			
		Name			
	5906 E COLUN	MBUS DR			
	Florida street	t address (P.O	. Box NOT acceptable)		
	TAMPA		FL 33619		
		City	Zip		
liability con registered age statutes relat	mpany at the place nt and agree to ac ting to the proper of obligations of my	e designated in at in this capac and complete position as reg	o accept service of process for the above state this certificate, I hereby accept the appointmity. I further agree to comply with the provisoerformance of my duties, and I am familian distered agent as provided for in Chapter 60, nature (REQUIRED)	nent as sions of a with and	

(CONTINUED)

ARTICLE IV-

JOSE A SOSA CARDENAS

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

Title:	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager MGR	JOSE A SOSA CARDENAS			
	4403 BW HIAWATHA ST TAMPA FL 33614			
	2022 JUN			
(Use attachment if necessary)	JUN 22			
ARTICLE V: Other provisions, if any.	PH IZ:			
	7 TE 27			
<u>REQUIRED</u> SIGNATURE:	Topal			
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ament to the Department of State constitutes a third degree felony			

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)