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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:	
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: SEGURISIMO INC			
(Name of Re	sulting Florida Limi	ted Company)	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	•		
Please return all correspondence concernir	ng this matter to:		
MARIA GONZALEZ			~-2
(Contact Person) SEGURISIMO INC		-	<u> </u>
(Firm/Company)		-	سیبید. سیبب مصد داری
5757 BLUE LAGOON DR STE 110			~ ·
(Address)		_	771 DS
MIAMI, FL 33126			6Ü :
(City, State and Zip Code)		_	
ACCOUNTING@INTLWEALTHPROTECTION	N.COM	_	
E-mail Address: (to be used for future annual re	eport notifications)		
For further information concerning this ma	atter, please call:		
MARIA GONZALEZ	at (⁷⁸⁶)200-1947	
(Name of Contact Person)		(Daytime Telephone Number)	
Enclosed is a check for the following amodollars and drawn on a bank located in the		processed by this office must be pay	yable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$180.00 Filing and Certified Co	-	
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

Contract of the Contract of th

"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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: EGURISIMO INC
_	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a CORPORATION Plant of the State of the Corporation, limited partnership, general partnership, common law or business trust, etc.
Fia	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
Δn	07/15/2019
VIII	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SE	EGURISIMO LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(T	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
	e date this document is filed by the Florida Department of State.)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SEGURISIMO LLC		
(Must contain the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liab	oility Company is
Principal Office Address:	Mailing Address:	
5757 BLUE LAGOON DR. STE 110	5757 BLUE LAGOON DR. STE 1	10
MIAMI, FL 33126	MIAMI, FL 33126	
ARTICLE III - Registered Agent, Re	gistered Office, & Registered Agent's S	Signature:
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Sown Registered Agent. You must designate an individu	ual or another
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Sown Registered Agent. You must designate an individu	ual or another
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Sown Registered Agent. You must designate an individu	ual or another
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Sown Registered Agent. You must designate an individu	Signature: nal or another
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Sown Registered Agent. You must designate an individual of the registered agent are: Name	al or another
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address MARIA GONZALEZ 5757 BLUE LAGOON	gistered Office, & Registered Agent's Sown Registered Agent. You must designate an individual of the registered agent are: Name	al or another
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address MARIA GONZALEZ 5757 BLUE LAGOON	gistered Office, & Registered Agent's Sown Registered Agent. You must designate an individual of the registered agent are: Name I DR. STE 110	aal or another

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:

"AMBR" = Authorized Member "MGR" = Manager	
MGRM	MARIA GONZALEZ
	5757 BLUE LAGOON DR. STE 110
	MIAMI, FL 33126
MEMBER	GABRIELA SANCHEZ
	5757 BLUE LAGOON DR. STE 110
	MIAMI, FL 33126
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	an authorized renr≪entative of a member
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 695.0203 (1) (b), Florida Statutes, I am aware t
REOURED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document of the submitted in a submitted in a submitted in a s	with section 605.020 (1) (b), Florida Statutes, I am aware t
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the to the Department of State constitutes a third degree fel
REOURED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.020 (1) (b), Florida Statutes, I am aware t
REOURED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document is sprovided for in s.817.155, F.S. MARIA GONZALEZ	with section 605:0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fel
REOURED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document is provided for in s.817.155, F.S. MARIA GONZALEZ	with section 605.020 (1) (b), Florida Statutes, I am aware t

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Signed thi	is 11 day of MARCH	20_21			
	,				
Signature	e of Authorized Representative of Li	mited Lability Company:			
C*	of Authorized Representative:				
Signature	ame: MARIA GONZALEZ	Title MGRM			
Printed Na	ame: MANIA GONZACEZ				
Signature	(s) on bobalf of Other Rusiness Entity	: [See below for required signature(s)]			
Signature	A Delian of Other Business Entry	· [ist below for required signature(s)]			
Signature:	11 / 14 -/				
Printed Na	ame MARIN SONZAUEZ	Title: PRESIDENT			
Signature:	<u> </u>				
Printed Na	ame: GABRIEUM \$ANCHEZ	Title: VICE PRESIDENT			
	() [] (
Signature:		0500571014			
Printed Na	ame: GABRIEL SANCHEZ	Title: SECRETARY			
•	1,				
Signature:		Tr. I.			
Printed Na	ame:	Title:			
Cinnatura					
Drinted Me	ame:	Title:			
I IIIICU IN	inc	THE.			
Sionature					
Printed Na	ame:	Title:			
If Florida	Corporation:				
Signature	of Chairman, Vice Chairman, Director,	or Officer.			
If Director	rs or Officers have not been selected, an	Incorporator must sign.			
_	General Partnership or Limited Liab	oility Partnership:			
Signature of one General Partner.					
ICEL 11	The target management is a first and think	ilia. I in it. I Dominumbin.			
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
Signature	SOI ALL General Faitners.				
All others	•				
	of an authorized person.				
o.p.i.d.d.c	or an admortized person.				
Fees:					
A	rticles of Conversion:	\$25.00			
	ees for Florida Articles of Organization				
	ertified Copy:	\$30.00 (Optional)			
	ertificate of Status:	\$5.00 (Optional)			