# L21000423612

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

Office Use Only



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ALLANASSEE, FLU

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2021 SEP 28 PH 2:

Branch Comments of the Comment

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AMERICAN FIDUCI	ARY SERVI	CES, LLC		
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		·····		
<del></del>			-	
			<u> </u>	Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			ļ	Art, of Amend, File
				RA Resignation
			<u> </u>	Dissolution / Withdrawal
				Annual Report / Reinstatement_
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	<u>.</u>	. ,		Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: SETH	09/22/21			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In Phone ships GA aroc	Will Pick Up			Courier

#### **COVER LETTER**

TO:	New Filing So Division of Co				
CHD		· Fiduciary Services, LLC			
SUB	JEC1:		ulting Florida Lin	nited Corr	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to	:	
Romy	B. Jurado				
	-	(Contact Person)		<b></b>	
Jurad	lo & Farshchian, F	P.L.			
	<u> </u>	(Firm/Company)			
1295	5 Biscayne Blvd.,	Suite 328			
		(Address)		_	
North	Miami, Fl 33181				
	((	City, State and Zip Code)			
romy	@jflawfirm.com				
E-	mail Address: (to b	e used for future annual re	port notifications)	)	
For f	urther informati	on concerning this ma	tter, please cal	l:	
Romy	y B. Jurado		_at ( <sup>305</sup>	)_921-(	0440
	(Name of Conta	ct Person)	(Area Cod	ie) (Day	rtime Telephone Number)
		or the following amou a bank located in the		s proces	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		New Divis The ( 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

INHS11 (7/17)

#### **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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  American Flduciary Services, 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
07/26/2019 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:  American Fiduciary Services, 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 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 9th day of September	20 <u>21</u>
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: The Printed Name: Michael Woloshin	Title: Authorized Representative
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature: Michel Deloc:	
Printed Name: Michael Woloshin	Title: Member
Signature:	man d
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	
	_
Signature:	m' l
Printed Name:	_ Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liability	ry Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
American Fiduciary Services, LLC (Must contain the words "Limited Liability	Company "LLC " or "LLC"	<u> </u>	
ARTICLE II - Address: The mailing address and street address of the pri		y Comp	any is:
Principal Office Address:	Mailing Address:		
40 N. Main St	40 N. Main St Medford, NJ 08055		
Medford, NJ 08055	Medicid, No occo	_	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the r  Romy B. Jurado  Name	ered Agent. You must designate an individual or egistered agent are:	another	
-			
12955 Biscayne Blvd., Suite 3 Florida street address (P.O			
North Miami	FL <sup>33181</sup>		
City	Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete accept the obligations of my position as referenced.  Registered Agent's Signature and the proper and complete particular accept the obligations of my position as referenced.	n this certificate, I hereby accept the a ity. I further agree to comply with the performance of my duties, and I am fa gistered agent as provided for in Chaj	ppointn e provis imiliar v	ient as ions of all with and
CONTIN	IUED)		2021 9

MBR" = Authorized Member	
/IGR" = Manager MBR	Michael Woloshin
<u> </u>	40 N. Main St.
	Medford, NJ 08055
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se attachment if necessary)	
Jse attachment if necessary)  E V: Other provisions, if any.  ALL LAWFUL BUSINESS	
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E V: Other provisions, if any. ALL LAWFUL BUSINESS  EQUIRED SIGNATURE:	
E V: Other provisions, if any.  ALL LAWFUL BUSINESS  EQUIRED SIGNATURE:  Signature of a member of a me	r an authorized representative of a member
E V: Other provisions, if any.  ALL LAWFUL BUSINESS  EQUIRED SIGNATURE:  Signature of a member of a member of any false information submitted in a document is executed in a document any false information submitted in a document.	r an authorized representative of a member
E V: Other provisions, if any.  ALL LAWFUL BUSINESS  EQUIRED SIGNATURE:  Signature of a member of this document is executed in accordance.	r an authorized representative of a member
E V: Other provisions, if any.  ALL LAWFUL BUSINESS  EQUIRED SIGNATURE:  Signature of a member of a member of any false information submitted in a doc as provided for in s.817.155, F.S.  Michael Woloshin	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am awa cument to the Department of State constitutes a third degree
E V: Other provisions, if any.  ALL LAWFUL BUSINESS  EQUIRED SIGNATURE:  Signature of a member of a member of any false information submitted in a doc as provided for in s.817.155, F.S.  Michael Woloshin	

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

ARTICLE IV-

Company: