

# L14000076753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

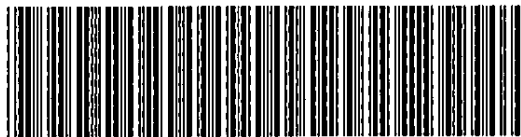
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DIVISION OF CORPORATIONS  
2014 MAY -7 PM 4:29  
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TO AGENCY FOR  
SUFFICIENCY OF FILING

FILED  
2014 MAY -9 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAY 12 2014

CORPDI RECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** Kim Weidenbach

**DATE:** 05/07/14

**REF. #:** 9138004

**CORP. NAME:** EZANA INSURANCE BROKERS, L.L.C.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION           | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                       | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION               | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                       | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION         |   |  |
| <input checked="" type="checkbox"/> OTHER: CONVERSION FILING |   |  |

**STATE FEES PREPAID WITH CHECK#** 7001928 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |  |  |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2014

CORPDIRECT AGENTS, INC.

SUBJECT: EZANA INSURANCE BROKERS, L.L.C.  
Ref. Number: W14000029029

We have received your document for EZANA INSURANCE BROKERS, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 214A00009818

FILED

2014 MAY -9 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:  
Ezana Insurance Brokers, L.L.C. #M12000002373

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company

(Enter entity type. Example: corporation, limited partnership,  
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of California  
on December 23, 2011 (Enter state, or if a non-U.S. entity, the name of the country)

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Ezana Insurance Brokers, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Signed this 6<sup>th</sup> day of April May 2014.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Richard A. DaVila  
Printed Name: Richard A. DaVila Title: Manager

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature: Richard A. DaVila  
Printed Name: Richard A. DaVila Title: Member

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**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 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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

**ARTICLES OF ORGANIZATION  
OF  
EZANA INSURANCE BROKERS, LLC**

**FILED**  
2014 MAY -9 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby organizes a limited liability company under the provisions of the Florida Revised Limited Liability Company Act (the "Act"), and pursuant to the following Articles of Organization:

**ARTICLE 1**

**Name**

The name of this limited liability company is

Ezana Insurance Brokers, LLC

(hereafter, the "Company").

**ARTICLE 2**

**Effective Date**

The Company shall have perpetual existence, commencing on the date that these Articles of Organization are filed with the Florida Department of State.

**ARTICLE 3**

**Mailing Address and Principal Office**

The address of the principal office and the mailing address of the Company is 6224 Tabogi Trail, Wesley Chapel, Florida 33545.

#### ARTICLE 4

##### Initial Registered Office and Agent

The street address of the initial registered office of the Company is 6224 Tabogi Trail, Wesley Chapel, Florida 33545, and the name of the registered agent of the Company at that address is Richard A. DaVila.

#### ARTICLE 5

##### Management of the Company

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and addresses of the managers of the Company are:

Ezana Asfaw  
1100 Wilshire Boulevard, #2605  
Los Angeles, CA

Richard A. DaVila  
6224 Tabogi Trail  
Wesley Chapel, FL 33545

#### ARTICLE 6

##### Indemnification

The Company shall indemnify its managers and members to the fullest extent authorized by law.

IN WITNESS WHEREOF, the undersigned authorized representative of the members has executed these Articles of Organization this 6<sup>th</sup> day of May, 2014.

  
Richard A. DaVila, Authorized Representative

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE OF  
EZANA INSURANCE BROKERS, LLC**

Pursuant to the provisions of Section 605.0113 of the Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is: Ezana Insurance Brokers, LLC.
2. The name and address of the registered agent and office is:

Richard A. DaVila  
6224 Tabogi Trail  
Wesley Chapel, FL 33545

*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, Florida Statutes.*

Dated: May 6, 2014.

  
RICHARD A. DaVILA