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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2015 APR -7 PH 3: 05

COVER LETTER

•	stration Section of Corp								
SUBJECT:	Cla	in	PIPPOIO (Name o	HOA of Resulting	Exog Florida I	ufs Limited (LLC.		
The enclosed Business Ent									convert an "Othe 045, F.S.
Please return	all corresp	ondence	concerning	g this mat	ter to:				
Ma Clain	rio ! n Prep Brickell	Rios (Contact Pe 04/4+10 (Firm/Comp (Addres	erson) In Exp pany) #195	0					
Mism	(City Pess: (to be us	331 3	3 Zip Code)		ations)	٦			
For further in			-	-					
M Q I	of Contact I	Person)	-	_at (3 (Are	o S ea Code)	43 (Daytin	31-19 <u> </u>	lumber)	
Enclosed is a	check for	the follow	ving amou	nt:					
\$150.00 Fili (\$25 for Conver & \$125 for Arti of Organization	rsion ar cles St	J\$ 155.00 F nd Certifica tatus	iling Fees ite of	□\$180.0 and Certi		(□\$185.00 Filin Certified Copy, Certificate of St	and	
STREET AI Registration Division of C Clifton Build 2661 Executi	Section Corporation ling]]]	Registra	tion Sec of Cor x 6327	porations		

Tallahassee, FL 32301

FILED

Articles of Conversion

For

"Other Business Entity"

Into

2015 APR -7 PM 3: 05

GLALVIMIY COMARI IMT 1813SER, FROKEJA

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: (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida
(Proton state on if a new M.C. and the Alan serve of the accounts)
on 8 18 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:
Claim Preparation Experts, LLC (Enter Name of Florida Limited Liability Company)
(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; <u>AND</u> 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 all applicable statutes.

Signed this 30 day of March	_20 <u>15</u>
Signature of Authorized Representative of Limi	ted Diability Company:
Signature of Authorized Representative:	_ Title:MGR
Signature(s) on behalf Other Business Entity:	
Signature:	
Signature: Manio Rivs	Title: Prosident
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
G:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Doutnoughine
Signature of one General Partner.	ty raithership:
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
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 I - Name:

The name of the Limited Liability Company is:	
Claim Preparation Experts, (Must and with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1200 Brickell Are #1950	1200 Brickell Ave #1950
1200 Brickell Ave #1950 Miami, FC. 33131	1200 Brickell Ave #1950 Miaml, FL. 33131
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
	-
Mario Rios Name	
Name	
1200 Brichery Ave	41950
Florida street address (P.O.	
Miami	FL 33131
<u>Miami</u> City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

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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" = Manager MBR	Mario 12:05 1200 Brickell Are #1950 Migmi, FL. 33131
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must	ne date of filing: (OPTIONAL) t be specific and cannot be more than five business days pro-
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)	t be specific and cannot be more than five business days pr
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State

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)