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(Re	questor's Name)	_
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	.
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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COVER LETTER

TO:	New Filing Division of	Section Corporations				
SUR.	JECT:	Alltax Multiservices Gro	up LLC			
SOB	,ECT	(Name of Re	sulting Florida L	imited Cor	mpany)	
		es of Conversion, Artic to a "Florida Limited L	_			
Pleas	e return all cor	rrespondence concernin	g this matter t	.0:		
	Ce	sar I Alayon				
		(Contact Person)				
	Alltax Mul	tiservices Group LLC				
-		(Firm/Company)				
	1412 W V	Waters Av Suite 103				
		(Address)	.			<u>₹</u> 2 ≈
	Т	Tampa FI 33604				
		(City, State and Zip Code)				
						PH L
E-1	mail Address: (to	be used for future annual re	port notification	s)		THE TANK
For fu	urther informa	tion concerning this ma	tter, please ca	H:		3
	Cesar I Alay	on	at (813)8170)850	
	(Name of Con	itact Person)		ode) (Da	ytime Telephone Number)
dollar (\$25 fo (\$25 fo & \$12	rs and drawn o 50.00 Filing Fees or Conversion 5 for Articles	for the following amount abank located in the \$155.00 Filing Fees and Certificate of Status	United States ☐S180.00 Fit) ling Fees	State of Status State of Status State of Status	
_	anization) EET ADDRE	SS:	MA	ILING a	ADDRESS:	
	Filing Section		Nev	Filing S	Section	
	ion of Corpora	ations			Corporations	
	on Building	- A C' 1 -). Box 63		
	Executive Cer hassee, FL 32		Tall	anassee,	FL 32314	

Articles of Conversion

For

"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.

1. The	name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Alltax Multiservices Group INC PIRICO 4714 2
•	(Enter Name of Other Business Entity)
2. The	"Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First or	rganized, formed or incorporated under the laws of
	05/18/2018
on(dat	e of organization, formation or incorporation)
3. The	name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	Alltax Multiservices Group LLC
	(Enter Name of Florida Limited Liability Company)
4. If n	ot effective on the date of filing, enter the effective date:
the dat Note: It	ffective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after te this document is filed by the Florida Department of State.) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
5. The	plan of conversion has been approved in accordance with all applicable statutes.
	"Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to ch such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.
	To SEP

Signed this <u>07</u> day of <u>September</u>	_ 20 <u>_ 18</u>	
Signature of Authorized Representative of Limit		
Signature of Authorized Representative: Printed Name: (SAN I AGG)	Title:	-
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)	
Signature: Printed Name: FEAR TO ACAYS	ntitle: President	- -
Signature:	_ Title:	-
Signature:Printed Name:	_ Title:	<u>.</u> -
Signature: Printed Name:	Title:	<u>-</u> -
Signature:Printed Name:	_ Title:	- -
Signature: Printed Name:		- -
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off Directors or Officers have not been selected, an Inc		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	18 SEI
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)	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar	ne:		
	mited Liability Company	is:	
	Alltax Multiservices G		
(Mı	ist contain the words "Limited Liah	ility Company, "L.L.C.," or "LLC.	")
ARTICLE II - Ad The mailing addres		principal office of the Lin	nited Liability Company is:
Principal Office A	<u>address:</u>	Mailing Address:	
1412 West Waters	Av. Suite 103	1412 W Waters Av Suit	e 103
Tampa, FL 33604		Tampa FI 33604	
(The Limited Liability Cobusiness entity with an	egistered Agent, Register ompany cannot serve as its own Re active Florida registration.) Florida street address of th	gistered Agent. You must designate e registered agent are:	
	Cesar I Al	·	_
	Florida street address (P	Av Suite 103 O. Box <u>NOT</u> acceptable)	-
	Tampa	FL 33604	_
	City	Zip	
liability comp registered agent statutes relating	any at the place designated and agree to act in this cap g to the proper and complet ligations of my position as	l in this certificate, I hereby facity. I further agree to co te performance of my dutics	ss for the above stated limited accept the appointment as mply with the provisions of also, and I am familiar with and ad for in Chapter 605, F.S

ART	TOL	E.	IV_{-}
14 PK I		4 1	. v -

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Cesar I Alayon		
	1412 W Waters Av Suite 103		
	Tampa FI 33604		
	70 T		
	-		
	•		
			
	447		
(Use attachment if necessary)			
(Ose attachment if necessary)			
CLEV. Other provisions if any			
CLE V: Other provisions, if any.			
	· · · · · · · · · · · · · · · · · · ·		
DECLUDED OLGANATURE			
REQUIRED SIGNATURE:			
Signature of a member of	an authorized representative of a member		
I his document is executed in accordance	with section 605.0203 (1) (b). Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felo		
as provided for in s.817.155, F.S.	neir to the Department of State constitutes a tinte degree len		
•			
C tsAd			
	-I ALAYON		
Ту	ped 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)