# L19000131656

(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:

Office Use Only

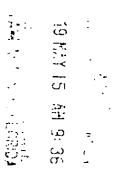
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## **COVER LETTER**

TO:	New Filing So Division of C				
SUB	JECT: WASHIN	GTON ROJAS, LLC			
		(Name of Res	ulting Florida Limite	ed Com	ipany)
					d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to:		
WAS	HINGTON ROJAS	;			
	_	(Contact Person)			
WAS	HINGTON ROJAS	S, LLC			
		(Firm/Company)	<del></del>		
2521	KING OAK CIR				
		(Address)			
SAIN	IT CLOUD, FL 347	769			
	((	City, State and Zip Code)			
WRC	JAS@NHRGROU	P.NET			
E-	mail Address: (to b	e used for future annual re	port notifications)		
For f	urther information	on concerning this ma	tter, please call:		
WAS	HINGTON ROJAS	;	at ( 407	486-4	555
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees or Conversion 25 for Articles ganization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STR	EET ADDRES	S:	MAILI	NG A	ADDRESS:
	Filing Section		New Fi	_	
	sion of Corporat	ions			Corporations
	on Building Executive Cent	er Circle	P. O. Be Tallaha		27 FL 32314
_					·

Tallahassee, FL 32301

### **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 En NET INSURANCE, INC.	tity' immediately prior to the filing of the Articles of Conversion is:
(Enter Na	ume of Other Business Entity)
2. The "Other Business Entity" is a	RPORATION
(Enter entity type. Example: co	rporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated	FLORIDA under the laws of
. not organized, formed of incorporated	(Enter state, or if a non-U.S. entity, the name of the country)
01/10/2012 on	
(date of organization, formation or incorpor	ration)
3. The name of the Florida Limited Lia WASHINGTON ROJAS, LLC	bility Company as set forth in the attached Articles of Organization:
	orida Limited Liability Company)
4. If not effective on the date of filing,	enter the effective date: 05/12/2019 .
the date this document is filed by the	Florida Department of State.)  meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been appr	roved in accordance with all applicable statutes.
	ity" has agreed to pay any members having appraisal rights the amount to er ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 12	day of MAY	20_19	
Signature of Authoriz	ed Representative of	Limited Liability Company:	
Signature of Authorized Printed Name: WASHING	d Representative:	Title: MANAGER	
Signature(s) on behalf	of Other Business Ent	tity: [See below for required signatur	e(s)
Signature: WASHING			
Printed Name: WASHING	GTON ROJAS	Title: PRESIDENT	<del></del>
Signature:			
Printed Name:		Title:	
Signature:Printed Name:		Title:	<del></del>
Signature:			
Printed Name:		Title:	
Signature:Printed Name:		Title:	
Signature:		Title:	
If Florida Corporation Signature of Chairman,	<u>ı:</u> Vice Chairman, Directo		
If Florida General Par Signature of one General		iability Partnership:	
If Florida Limited Par Signatures of ALL Gen	tnership or Limited L eral Partners.	iability Limited Partnership:	
All others: Signature of an authoriz	ed person.		Ş
Fees:			1 2 2

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:	
WASHINGTON ROJAS, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13574 Village Park drive Suite 130	2521 KING OAK CIR
Orlando, FL 32837	SAINT CLOUD, FL 34769
business entity with an active Florida registration.)  The name and the Florida street address of the reward washington rojas	egistered agent are:
Name	
2521 KING OAK CIR	
Florida street address (P.O.	Box NOT acceptable)
SAINT CLOUD	FL 34769
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
	nature (REQUIRED)
(CONTIN	

### ARTICLE IV-

**WASHINGTON ROJAS** 

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					
MGR	WASHINGTON ROJAS				
	2521 KING OAK CIR				
	SAINT CLOUD, FL 34769				
	· · · · · · · · · · · · · · · · · · ·				
	<u> </u>				
(Use attachment if necessary)					
CLE V: Other provisions, if any.					
REQUIRED SIGNATURE:	15				
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felor				

Typed 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)