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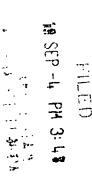
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER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

Division of Co				
SUBJECT: ACCOUN	TING CENTER LLC			
SOBJECT.		sulting Florida Limit	ed Con	npany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	spondence concernin	g this matter to:		
ALEJANDRO PICHARE	00			
	(Contact Person)			
ACCOUNTING CENTER	R OF ORLANDO LLC			
	(Firm/Company)			
1706 E SEMORAN BLV	D STE 103			
	(Address)			
APOPKA, FL 32703				
(C	ity, State and Zip Code)			
APICHARDO@ACCOU	NTINGORL.COM			
E-mail Address: (to be	used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
ALEJANDRO PICHARE	00	_at (574-7	340
(Name of Contac	et Person)	(Area Code)	(Day	time Telephone Number)
Enclosed is a check for dollars and drawn on	-	•	rocess	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	3:			ADDRESS:
New Filing Section		New Fi	_	
Division of Corporati Clifton Building	ons	Divisio P. O. B		orporations 27
2661 Executive Center	er Circle			FL 32314

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

lnto

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 ACCOUNTING CENTER CORP	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common limited partnership.	law or business trust, etc."
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the na	
03/01/2016	
on	
3. The name of the Florida Limited Liability Company as set forth in the attached Article ACCOUNTING CENTER LLC	es of Organization:
(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 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 is 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 appraisa which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.	l rights the amount to
	··· 🕳
) 44-438 (
	* #*

Signed this 15 day of AUGUST	20 <u>19</u>
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:Printed Name: ALEJANDRO PICHARDO	Title: MGR
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)
Signature: ALEJANDRO PICHARDO	
Printed Name: ALEJANDRO PICHARDO	Title: PRES
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	m: I
Printed Name:	Litte:
Signature:Printed Name:	m: 1
Printed Name:	I itle:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty <u>Limited Partnership:</u>
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)

10 SEP -4 PH 3: 48

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ORGANIZATION	. 2010.1.3	
ARTICLE I - N The name of the	lame: Limited Liability Company	is:	
ACCOUNTING CI	ENTER LLC (Must contain the words "Limited Lia	hility Company "L.L.C." pr. "L.L.C.	")
'	Artust contain the words. Emitted Eld	miny Company, issues, or also	•
ARTICLE II The mailing add	Address: lress and street address of the	e principal office of the Lir	mited Liability Company is:
Principal Offic	e Address:	Mailing Address:	
1706 E SEMORAN	N BLVD STE 103	1706 E SEMORAN BLV	'D STE 103
APOPKA, FL 3270		APOPKA, FL 32703	
business entity with	y Company cannot serve as its own R an active Florida registration.) he Florida street address of t		
	ALEJANDRO PICHARDO		
	N	ame	
	1706 E SEMORAN BLVD S	STE 103	-
	Florida street address (P.O. Box <u>NOT</u> acceptable)
	АРОРКА	FL 32703	_
	City	Zip	
liability co registered age statutes rela	ompany at the place designate ent and agree to act in this ca	ed in this certificate, I herek apacity. I further agree to c acte performance of my duti	omply with the provisions of all es, and I am familiar with and
	(2r	Signature (REQUIRED)	
		Signature (REQUIRED) TINUED)	SEP-4 PH 3: 4

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	ALEJANDRO PICHARDO
MOR	1706 E SEMORAN BLVD STE 103
	APOPKA FL 32703
MGR	ANA L DIAZ-PICHARDO
	1706 E SEMORAN BLVD STE 103
	APOPKA, FL 32703
(Use attachment if necessary)	
`	
`	
(Use attachment if necessary) CLE V: Other provisions, if any.	
`	
CLE V: Other provisions, if any.	
`	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member re with section 605,0203 (1) (b), Florida Statutes, I am awate t
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc	r an authorized representative of a member re with section 605.0203 (1) (b), Florida Statutes, I am aware to rument to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document of the provided for in s.817.155, F.S.	ce with section 605.0203 (1) (b). Piorida Statutes, I am aware of cument to the Department of State constitutes a third degree fel
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