L20000124039

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



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•		C	OVER LE	TTER		•
TO:	New Filing Section Division of Corporations		•	ř	* *** *** *** *** *** *** *** *** ***	
SHB.	JECT: ITMS FLORIDA SERVICES LLC					
.,012			g Florida Limit	ed Con	ipany)	
The c Busin	enclosed Articles of Conversion, Artic ness Entity" into a "Florida Limited Li	les o abili	f Organizati ty Company	on, an " in a	d fees are submitted to convert a secordance with s. 605.1045, F.S.	n "Other
Pleas	e return all correspondence concerning	g this	s matter to:			
IVELI	SSE T MARTINEZ					
	(Contact Person)					
ITMS	FLORIDA SERVICES LLC					
	(Firm/Company)					
PO B	OX 610322					
	(Address)					
NORT	^T H MIAMI, FL 33261					
	(City, State and Zip Code)		 			
info@	itmsfloridaservices.com					
E-r	mail Address: (to be used for future annual rep	ort n	otifications)			
For fi	orther information concerning this mat	ter, p	olease call:			
IVELI	SSE T MARTINEZ	at (305	588-0	890	
	(Name of Contact Person)	((Day	time Telephone Number)	
Enclo dollar	sed is a check for the following amous and drawn on a bank located in the t	nt: (<i>t</i> Jnite	All checks pred States)	rocess	ed by this office must be payable	: in US
(\$25 ft & \$12:	0.00 Filing Fees and Certificate of Status		180.00 Filing I Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		<u> </u>	New F Division The Co	Address: Giling Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Ricardo G Delgado ITMS Florida Services PO Box 610322 North Miami, FL 33261 04/30/2020

Florida Department of State Division of Corporation PO Box 6327 Tallahassee, FL 32314

Subject: ITMS FLORIDA SERVICES LLC

Ref. Number W20000039899

Dear Florida Department of State:

On 4/12/2020 I submitted the necessary documents to dissolve the ITMS Florida Services LLC corporation, with document number L20000050867. I have no intention of revoking the dissolution of the company therefore the name of ITMS Florida Services LLC may be used by another entity.

Kind regards.

Ricardo G Delgado

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: IVELISSE T MARTINEZ SUAREZ PA
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a [PA] (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
01/22/2018 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: ITMS FLORIDA SERVICES LLC (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 calendar days after 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 will not be listed as the
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 appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 13	day of APRIL	20 <i>20</i>
	thorized Representative of Lim	7/ 7 7
Cimatura of Aut	norized Representative: her	(in.) W
Printed Name IVE	ELISSE T MARTINEZ	Title: PRESIDENT
Timed Name.	/	Title. TALOIDLAT
Signature(s) on h	behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	OL-A-K-VERA	
Printed Name: PA	OLA-K-VERA	Title: DIRECTOR
Signature: Carlo	s Hates	
Printed Name: OA	RŁOŚ ANDRES GONZALEZ	Title: VICE, PRESIDENT
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		(C) 1
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corpo	eation	
Signature of Chair	man, Vice Chairman, Director, or	Officer
If Directors or Off	icers have not been selected, an In	corporator must sign
	room have not been selected, an in	corporator must sign.
lf Florida Genera	d Partnership or Limited Liabili	ity Partnership:
Signature of one C	Jeneral Partner.	
<u>If Florida Limite</u>	<u>d Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of <u>ALI</u>	General Partners.	
tll othowa		
All others: Signature of an au	tharized person	
ingliature or all au	monzed person.	
Fees:		
Articles of	Conversion:	\$25.00
	lorida Articles of Organization:	\$125.00
Certified (\$30.00 (Optional)
Certificate	• •	\$5.00 (Optional)
		e-no (opnomi)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ITMS FLORIDA SERV	/ICES II C	
		iability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Add The mailing address		ne principal office of the Limited Liability Company is
Principal Office Ad	ldress:	Mailing Address:
	DT C4C	PO BOX 610322
1465 NE 123RD ST A	P1, 615	1 0 000 0 10022
NORTH MIAMI, FL 33 ARTICLE III - Reg	gistered Agent, Regist	ered Office, & Registered Agent's Signature:
ARTICLE III - Reg (The Limited Liability Conbusiness entity with an act	gistered Agent, Regist appany cannot serve as its own l tive Florida registration.)	NORTH MIAMI, FL 33261
ARTICLE III - Reg (The Limited Liability Conbusiness entity with an act	gistered Agent, Regist appany cannot serve as its own l tive Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - Reg (The Limited Liability Conbusiness entity with an act	gistered Agent, Regist apany cannot serve as its own l tive Florida registration.) orida street address of	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
ARTICLE III - Reg (The Limited Liability Conbusiness entity with an act	gistered Agent, Regist apany cannot serve as its own l tive Florida registration.) orida street address of	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - Reg (The Limited Liability Conbusiness entity with an act	gistered Agent, Regist apany cannot serve as its own l tive Florida registration.) orida street address of VELISSE T MARTINEZ N 1465 NE 123RD ST, APT	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - Reg (The Limited Liability Conbusiness entity with an act The name and the Fl	gistered Agent, Regist apany cannot serve as its own l tive Florida registration.) orida street address of VELISSE T MARTINEZ N 1465 NE 123RD ST, APT	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: Vame

ď egistered agent and agree to act in this capacity. Trurner agree to comply with the provisions of a 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

as provided for in s.817.155, F.S.

IVELISSE T MARTINEZ

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

Title:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager	NEL ICOE T MADELLEZ			
MGR	IVELISSE T MARTINEZ			
	1465 NE 123RD ST, APT 615			
	NORTH MIAMI, FL 33161			
AMBR	CARLOS ANDRES GONZALEZ			
	1465 NE 123RD ST, APT 615			
	NORTH MIAMI, FL 33161			
AMBR	PAOLA K VERA			
	3038 SW 129TH TER			
	MIRAMAR, FL 33027			
at a series				
(Use attachment if necessary)				
LE V: Other provisions, if any.				
				
REQUIRED SIGNATURE:	\mathcal{N}			
	///			
Jackey Offa				
1 00001				
Signature of a member or	an authorized representative of a member			
	e with section 605.0203 (1) (b), Florida Statutes. I am awa			
	iment to the Department of State constitutes a third degree fe			

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)