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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

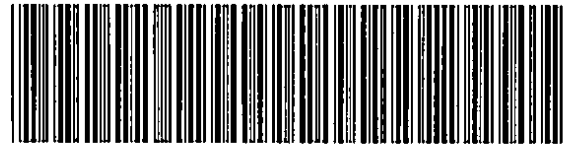
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

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JUL 31 2020

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: BVMP Solution LLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Patricia R. Rubio  
(Contact Person)

BVMP Solution LLC  
(Firm/Company)

7667 West Kismet Street  
(Street Address)

Miramar, FL 33023  
(City, State and Zip Code)

frenzymia@yahoo.com  
(Email Address)

For further information concerning this matter, please call:

Lauren Fletcher at (305) 316-3430  
(Name of Contact Person) (Area Code) (Telephone Number)

Enclosed is a check for the following amount:

☒ \$155.00 Filing Fees and Certificate of Status

Mailing Address:  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FL

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: BVMP Solution INC.
2. The "Other Business Entity" is a Corporation.

First organized, formed or incorporated under the laws of Florida on 07/26/2018.

3. The name of the Florida limited Liability Company as set forth in the attached **Articles of Organization**: BVMP Solution LLC.

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 9th day of July 2020.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: Patricia R. Rubio

Title: MGR/MMBR

**Signature(s) on behalf of Other Business Entity:**

Signature: \_\_\_\_\_

Printed Name: Patricia R. Rubio

Title: Incorporator

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I  
Name**

The name of the Limited Liability Company is: BVMP Solution LLC

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

7667 West Kismet Street  
Miramar, FL 33023

**Mailing Address:**

7667 West Kismet Street  
Miramar, FL 33023

**ARTICLE III  
Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent are:

Patricia R. Rubio  
7667 West Kismet Street  
Miramar, FL 33023

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

**ARTICLE IV**

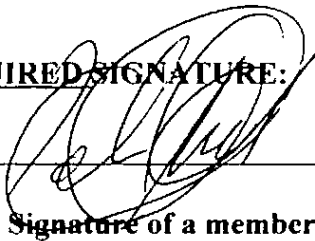
The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
MGR	<u>Patricia R. Rubio</u> <u>7667 West Kismet Street</u> <u>Miramar, FL 33023</u>
AMBR	<u>Patricia R. Rubio</u> <u>7667 West Kismet Street</u> <u>Miramar, FL 33023</u>

**ARTICLE V**

Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Patricia R. Rubio  
Typed/Printed Name of Signee

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SECRETARY OF STATE  
TALLAHASSEE, FL

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