

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(only-states zipir none ny
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

TO:	New Filing S Division of C						
SHRI		S BEHAVIOR SERVICE	SLLC				
19(194)	EC1	(Name of Re	sulting Florida Limit	ed Cor	npany)		
Busin	ess Entity" into	es of Conversion, Artic o a "Florida Limited L	iability Company				ЭГ
Please	return all corr	espondence concernin	g this matter to:				
LISET	SANTOS ROD	RIGUEZ					
		(Contact Person)					
SANT	OS BEHAVIOR	SERVICES LLC					
		(Firm/Company)				200	
2168 1	NW 35 ST						•
-		(Address)					
MIAM	I, FL 33142					2021 MAR 19 AM 9	
		City, State and Zip Code)					
lisanto	sr1992@gmail.	-				F. 9	
E-n	nail Address: (to b	be used for future annual re	port notifications)			3 9	
For fu	rther informati	on concerning this ma	tter, please call:			·••	
LISET	SANTOS ROD	RIGUEZ	_at (⁷⁸⁶	, 369-	6749		
	(Name of Conta	act Person)	(Area Code)	(Day	rtime Telephone Number)		
		for the following amou a bank located in the		rocess	sed by this office must	t be payable in US	
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
	Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations		New I Divisi	t Address: Filing Section ion of Corporations Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, 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: SANTOS BEHAVIOR SERVICES INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is aSANTOS BEHAVIOR SERVICES INC
(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)
02/26/2021 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:
SANTOS BEHAVIOR 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.

P21000026694

Signed this 9	day of MARCH	20 <i>_21</i>	
Signature of Author	orized Representative of	Limited Liability Company:	
Signature of Author Printed Name: LISET	rized Representative:	iset SaxAs Rodniques . Title: PRESIDENT	
Signature(s) on bel	alf of Other Business En	tity: [See below for required signature(s	
Signature:	lisel Saxlor) Ro	Whifues President	
Printed Name: <u>Lise</u>	et soxtos Rodzífiu	THE PRESIDENT	
Signature: Printed Name:	<u>, </u>	Title:	
Printed Name:		Title:	
Signature:Printed Name:		Title:	
Signature:		Title:	
rinica vanc.		Title.	
Signature:		Title:	
Printed Name:	 	Title:	
	an, Vice Chairman, Directo	or, or Officer. an Incorporator must sign.	
If Florida General Signature of one Ge	Partnership or Limited L neral Partner.	iability Partnership:	
If Florida Limited Signatures of ALL		iability Limited Partnership:	
All others: Signature of an auth	orized person.		
Fees:			
Articles of (Conversion:	\$25.00	

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

\$125.00

\$30.00 (Optional) \$5.00 (Optional) WZI MAR 19 AM 9: 39

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Con	npany is:
SANTOS BEHAVIOR SERVICES LLC	
(Must contain the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2168 NW 35 ST	7351 SW 147 CT
MIAMI FLORIDA 33142	MIAMI FL 33193
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another
The name and the Florida street addres	ss of the registered agent are:
LISET SANTOS RO	DRIGUEZ

EIGE / G/ III / GG / IIG GEE	
Name	
7351 SW 147 CT	
Florida street address (P.O.	Box NOT acceptable)
MIAMI	gr 33193

City Zip

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 (REQUIRED

(CONTINUED)

ARTICLE IV-

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	LISET SANTOS RODRIGUEZ			
WIGK				
	2168 NW 35 ST			
	MIAMI FL 33142			
				
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(Use attachment if necessary)	ကႏ — ကႏ မ			
(
	,			
LE V: Other provisions, if any.				
	<u> </u>			
REQUIRED SIGNATURE:				
fiset Sa	As Rodniguez.			
	7 7 3			
This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for			
LISET SANTOS RODRIGUEZ				
	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)