LZ1000778778

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT N	1 AIL
(Business Entity Name)	
(Document Number)	
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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	06/15/2021		111
		Acc#I20160000072	with	V - Jan W
Name:	UNIVIS	TA INSURANCE CORPOR	RATION	
Document #:				
Order #:	1373166	88		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of				
Apostille/Notarial Certification:		Country of Destination: Number of Certs:		
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Availability Document Examiner Updater Verifier W.P. Verifier	Amo	unt:\$ 180.00]	IUN 15 AM II: 26

Thank you!

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: UniVista Insurance Corporation
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
(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)
09/12/2012 on
09/12/2012 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:
UniVista Insurance 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.

P1200077681



Signed this day ofJune	20_21
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Printed Name: Ivan A. Herrera	Trial President of IMI. Holden Inc.
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: Ivan A Herrera	
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	77:1
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer,
	-
If Florida General Partnership or Limited Linbili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	vis:
UniVista Insurance LLC	
	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
528 NW 7TH AVE	528 NW 7TH AVE
MIAMI, FL 33136	MIAMI, FL 33136
ARTICLE III - Registered Agent, Registe. (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of th	e registered agent are:
CARRERA & AMADOR, P.	Α.
Na	me
221 SW 42ND AVE, 3rd Flo	oor
	O. Box NOT acceptable)
Miami	FL ³³¹³⁴
City	Zip
registered agent and agree to act in this cape statutes relating to the proper and complete	2021 Li A)

ARTICLE IV-

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	
AMBR	IML Holdco, Inc.
	528 NW 7TH AVE
	MIAMI, FL 33136
·	
	
	**
	
(Use attachment if necessary)	
(
LE V: Other provisions, if any.	
LES V: Other provisions, it any.	
	
DECLUDED CLOSE DELLA	/ / A
REQUIRED SIGNATURE:	
	1///
Signature of a member or a	an authorized representative of a member
This document is executed in accordance	with section 605,0203 (1) (b). Florida Statutes, I am aware t
any false information submitted in a docum	nent to the Department of State constitutes a third degree fel
as provided for in s.817.155, F.S.	

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)