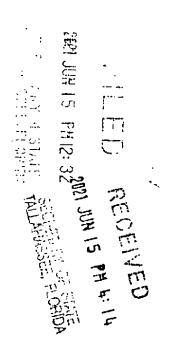
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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

06/15/2021

Date:

	Acc#120160000072	
Name:	FRASES & FRASES INSURANCE AGENCY INC.	
Document #:		
Order #:	13731668	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
Filing: 🚺	Certified: Plain: COGS: COGS: COGS	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 180.00	

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.

Statutes.	iorida
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion Frases & Frases Insurance Agency Inc.	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 law or business true.	
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country	ist, etc.)
08/28/19/9)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiza Frases & Frases Insurance Agency LLC	tion:
(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 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 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.	
 The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	nt to

Signed this day ofJune	20 21
Signature of Authorized Representative of Lin	
	, 111 . Z
Signature of Authorized Representative:	
Printed Name: Ivan A. Herrera	itlef President of IML Holdco, Inc.
Signature(s) on behalf of Other Business Entity: Signature: Printed Name: Ivan A Harrera	[See below for required signature(s)]
Printed Name: Ivan Al Herrera	Title: President
Signature:	
Printed Name:	77.1
Signature:Printed Name:	title:
Signature:	
Signature:Printed Name:	925.1
	Title:
Signature:Printed Name:	
Printed Name:	Title
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	0.00
If Directors or Officers have not been selected, an In	Officer.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	***
	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Frases & Frases Insurance Agency LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal 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, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
CARRERA & AMADOR, P.A.	<u></u>
Name	
221 SW 42ND AVE, 3rd Floor	
Florida street address (P.O.	Box NOT acceptable)
Miami	FL ³³¹³⁴
City	Zip
registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regional complete per accept the obligations of my position as regional complete.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all afformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
Registered Agent's Signa	iture (REQUIRED)
CONTINU	(ED)

Title:	Name and Address:
ARTICLE IV- The name and address of each person au Company:	thorized to manage and control the Limited Liability

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	IML Holdco, Inc.	
	528 NW 7TH AVE	_
	MIAMI, FL 33136	-
		
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		-
		_
		_
		_
		_
(Use attachment if necessary)		
(Ose attachment if necessary)		f- 71
		, <u>F</u>
APTICLE V. O.L.		۲.
ARTICLE V: Other provisions, if any.	<u>1</u> .	G 341
		. 51
	Λ	
<u>REOUIRED</u> SIGNATURE:	/ 	: 73
1	1.10 /	3:
14	1/1/	1
		_
Signature of a members		
This document is executed in accordance of	authorized representative of a member	
	ith section 605.0203 (1) (b), Florida Statutes, I am aware into the Department of State constitutes a third degree fe	that
as provided for in s.817.155, F.S.		lony
Ivan A. Herrera, President of IML Holds	co, Inc.	
	d or printed name of signer	-

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)