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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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CT CORP

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

06/15/2021

D	ate:	06/15/2021	
		Acc#I2016000007	12 W: CDW
Name:	DIXIE 176	INSURANCE CORP	
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:	1:
Availability Document Examiner Updater Verifier W.P. Verifier	Certifie Plain: COGS:		261 JUR 15 F\$12: 39 And Frances
Ref#			

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: Dixie 176 Insurance Corp
(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)
03/27/2014 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:
Dixie 176 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.

Signed this day of _June	20_21
Signature of Authorized Representative of Lin	
	111 . /
Signature of Authorized Representative: Printed Name: Ivan A. Herrera	
Printed Name: Ivan A. Herrera	riler President of IML Holdco, Inc.
Signature(s) on behalf of Other Business Entity;	 [See below for required signature(s)
Signature	
Signature: Printed Name: Ivan & Herrera	
1011074	Title: President
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title
Signature:	
Signature:Printed Name:	Title:
Signatura	
Printed Name:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	
	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir If Florida General Partnership or Limited Liabil Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
ees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)
	THIS (OPEROTION)

an Juli 15 Phi2: 35

:-; C THE PERSON AND ASSESSED OF

:
ty Company, "L.L.C.," or "LLC.")
,
rincipal office of the Limited Liability Company is:
Mailing Address:
528 NW 7TH AVE
MIAMI, FL 33136
d Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
registered agent are:
c
<u>. </u>
. Box NOT acceptable)
FL ³³¹³⁴
Zip
o accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and sistered agent as provided for in Chapter 605, F.S
nature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	IML Holdco, Inc.	
	528 NW 7TH AVE	_
	MIAMI, FL 33136	_
		_ _
		_
		_
		_
		_
(Use attachment if necessary)		-
	<u>.</u>	
CLE V: Other provisions, if any.		-
		:
		_
REQUIRED SIGNATURE:		

Ivan A. Herrera, President of IML Holdco, Inc.

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)