L24002283450

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only

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OLUMETANT OF STATE

21 JUN 10 PH 12: 43

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COVER LETTER

Division of C	Corporations			
SUBJECT: Access In	ternational LLC			
		sulting Florida Limit	ed Con	пралу)
		~		nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Fernando Rodriguez				
	(Contact Person)			
Access International L.L.				
	(Firm/Company)			
1000 Clint Moore Rd				
	(Address)			
Boca Raton, FL 33487				
((City, State and Zip Code)			
accfern@me.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Fernando Rodriguez		at (561)246-1	143
(Name of Conta	ct Person)		(Day	time Telephone Number)
	or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add		· · · · · · · · · · · · · · · · · · ·		t Address:
New Filing Se Division of C				Filing Section ion of Corporations
P.O. Box 632	•			Centre of Tallahassee
Tallahassee, I	FL 32314			N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section

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: Access International LL.C.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (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)
08/31/1995 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:
Access International 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.

21 JUN 10 PH 12: 43

	•				
	day of June	_ 20_21			
Signature of Aut	horized Representative of Limi	ted Liability Company:			
Signature of Author	orized Representative:	Title: MGR			
			-		
		See below for required signature(s)]			
Signature:	-de Dadriguez	Title: MGR	_		
Printed Name: Ferris	ando Rodriguez	riue; wor	_		
•		_ Title:	_ _		
Signature:			_		
			_		
Signature:		227.4			
Printed Name:		Title:	_		
Signature:		Title:	~		
Printed Name:		_ Tale:	-		
Signature: Printed Name:		Title:	- 		
If Florida Corpor		Office-			
	man, Vice Chairman, Director, or cers have not been selected, an Inc				
If Florida Genera Signature of one G	l Partnership or Limited Liabili eneral Partner.	ty Partnership:			
If Florida Limited Signatures of ALL	l Partnership or Limited Liabilit General Partners.	ty Limited Partnership:			
All others: Signature of an aut	horized person.			~`	
Fees:				21 JUN 10 PM 12: 43	
				≋	
	Conversion:	\$25.00 \$125.00	<u> </u>	0	
Certified C	orida Articles of Organization: Copy:	\$30.00 (Optional)	771] W	;-
Certificate	• •	\$5.00 (Optional)	<u>용</u> 고	2: 4	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	
Access International LLC. (Must contain the words "Limited I	.iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t		l Liability Company is:
Principal Office Address:	Mailing Address:	
1000 Clint Moore Road	457 Fanshaw K	
#209	Boca Raton, Florida 33434	
Boca Raton, Florida 33487		
The name and the Florida street address of Fernando Rodriguez	the registered agent are: Name	21 JUN 10
457 Fanshaw K		10
Florida street address Boca Raton	(P.O. Box <u>NOT</u> acceptable) 33434 FL	PH 12: 43
City	Zip	3+· ~
Having been named as registered agent a liability company at the place designal registered agent and agree to act in this constatutes relating to the proper and compaccept the obligations of my position of the Registered Agent's	ted in this certificate, I hereby acc capacity. I further agree to comply plete performance of my duties, an	cept the appointment as y with the provisions of all ad I am familiar with and

(CONTINUED)

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			
MGR	Fernando Rodriguez		
	457 Fanshaw K		_
	Boca Raton, Florida 33434		_
ANADO	Claudata Van		
AMBR	Claudete Vaz 457 Fanshaw K		-
			_
	Boca Raton, Florida 33434		-
			_
			_
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		<u> </u>	<u>.</u>
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Use attachment if necessary)			~~
		<u>111</u> 2	PH 12: 4:3
LE V: Other provisions, if any.		\$\frac{1}{2}\tau_1 = \frac{1}{2}	ယ
LE V. Outer provisions, it may.			
			
REQUIRED SIGNATURE: \			
1			
\			_
	1		
	an authorized representative of a mo with section 605.0203 (1) (b), Florida Statutes		that
any false information submitted in a docur as provided for in s.817.155, F.S.	ment to the Department of State constitutes a th	nird degree fel	lony
Fernando Rodriguez			-
	ped or printed name of signee		

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)