L21000454889

(Red	questor's Name)			
(Add	iress)			
(Add	iress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

4M31MM13F818

JCT 2 0 2021

IL SCOTT



700373052197

09/20/21--01014--017 **155.00





October 8, 2021

KRISTY HERRERA 3905 NW 107TH AVE DORAL, FL 33178

SUBJECT: ITERMINATE LLC Ref. Number: W21000128218

We have received your document for ITERMINATE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

Letter Number: 621A00024529

Dirit CO (I DO DOV cooff final I Do 11 cooff

COVER LETTER

TO: New Filing S Division of C			
SUBJECT: Terminate, LLC (Name of Resulting Florida Limited Company)			
			d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
hriste iTermi 8225 NIL	(Contact Person) (Contact Person) (Firm/Company) (Address)	2	
Kristy	City, State and Zip Code) O i Termina to be used for future annual rep	oort notifications)	
For further information	on concerning this mat	ter, please call:	
Kristy He (Name of Conta	ct Person)	at (407) 50 (Area Code) (Day	11-7505 time Telephone Number)
	or the following amou a bank located in the l		ed 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 Fees and Certified Copy	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addı	ress:	Street	Address:

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of FLOTICA (Enter state, or if a non-U.S. entity, the name of the country)
on 8/15/2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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 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 5th day of OCTODER	20 21
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: KAA Printed Name: KASTY TOWNS	sty l'éllera. Tille: MGR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: An My Moldea Printed Name: Karry Herroca	Title: Diesident
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili 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.	
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address: 3905 NW 107th Aue 408 Deral FL 33178	Mailing Address: 8005 NW8th place Plantation FL. 33324
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent arc:
Asdel Va Name	29UEZ
3905 NW 107 Florida street address (P.O.	Box NOT acceptable)
Dolad	FL 33178 Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete per accept the obligations of my position as regi	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Registered Agent's Signa	aturq (ACCOUNCID)

(CONTINUED)

4	D,	ויד	' '	1 1	` F	V-
. 1	11	1 1		11	, ,	7 -

The name and address of each person authorized to manage and control the Limited Liability Company:

. . . .

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	brist Horrows
MGR	hristy Herrora
	5225 NW St Place
	- plantation FL 33334
	·
•	
	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
•	
•	
•	
•	
`	
CLE V: Other provisions, if any.	+ M. 11.
CLE V: Other provisions, if any.	sty Newa
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	sty Newa
CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member
CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document of the second of the s	with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felowed or printed name of signee Filing Fees

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



Subject: Owner Name Change

To Whom this may concern,

I Aurora Cuevas of 7880 NW 201 Terrace Hialeah, FL 33015 am the Owner of iTermInate, LLC and I have no intention of revoking this decision. I Aurora Cuevas release the name iTerminate, LLC to Kristy Herrera. She has my permission to start a new corporation using the same name (iTerminate, LLC) as of 08/16/2021. Kristy Herrera has purchased the business from myself (Aurora Cuevas)

Aurora Cuevas Date 786-200-0388	(RistYHerrer) DSI Date Date 407-591-7505
State of Florida	
County of Miami-Dade	12th 1/
Sworn to (or Affirmed) and subscribed before me this	s 13th day of October 2001
Aurora Cuevas Kris	ty Herrera
Print Name Print Na	m <u>ξ</u>
Son	TAMMY L CANZONERI) Notary Public-State of Figures
NOTARY'S SIGNATURE Tammy Canzoneri	My Commission 4 Hr. 151848 My Commission Expires July 25, 2025
Notary Name	
Personally known or Produced Identification	n
Type of Identification Produced	