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(Requestor's Name)		
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(Address)		
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(Ci	ty/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SELVE TARY OF STATE ON DIVISION OF ECHPORATION

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COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Pipian M	obile Services LLC			
Sobster	(Name of Re	sulting Florida Lin	nited Co	mpany)
				nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to	:	
Mayriel Martinez				
	(Contact Person)		_	
Pipian Mobile Services	LLC			
	(Firm/Company)		_	
650 E. 17 Street				
	(Address)		_	
hialeah, FL 33010				
- (0	City, State and Zip Code)		_	
martinezmayriel@gma	il.com			
E-mail Address: (to b	e used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call:		
Mayriel Martinez		_at (_\ 870-	8105
(Name of Conta	ect Person)	(Area Code	/ :) (Day	ytime Telephone Number)
	or the following amou a bank located in the		proces	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 Co	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:		Stree	t Address:
New Filing Se	ection		New	Filing Section
Division of C				ion of Corporations
P.O. Box 632	1		The C	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: Pipian Mobile Sevices Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Pipian Mobile Services LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
07/12/2021
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 Pipian Mobile Services LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 10/20/2021 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days afte the date this document is filed by the Florida Department of State.)
<u>Note:</u> 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	18 day of October	20_21
Signature o	of Authorized Representative of L	imited Liability Company:
Signature o	f Authorized Representative:	
Printed Nam	f Authorized Representative: ne:Mayriel Martinez	Title: AMBR
		v: [See below for required signature(s)]
Signature:	SC .	
Printed Nam	ne: Mayriel Martinez	Title: P
Signature:	•	
Printed Nam	ne:	Title:
Signature: _		Title:
Printed Nam	ne:	Title:
Signature: _		
Printed Nam	ne:	Title:
C:		
Signature: _ Printed Nam	ne.	Title:
1 Timed (vaii)	ic	Truc.
Signature: _		
Printed Nam	ie:	Title:
lf Florida C	Corporation:	
	Chairman, Vice Chairman, Director,	or Officer.
_	or Officers have not been selected, an	
If Florida C	Samurah Dangaran kimara 1 fanis al I fal	Ultra D
Signature of	Feneral Partnership or Limited Lial one General Partner.	onity Partnership:
<u>If Florida L</u>	imited Partnership or Limited Liab	oility Limited Partnership:
Signatures o	f ALL General Partners.	
All others:		
	an authorized person.	
12		
Fees:		
Artic	cles of Conversion:	\$25.00
	for Florida Articles of Organization	
	ified Copy:	\$30.00 (Optional)
Certi	ificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	y is:
Pipian Mobile Services LLC (Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
650 E. 17 St. Hialeah, FL 33010	650 E. 17. St. hialeah, FL 33010
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t	rered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
N	ame sn 25
650 E. 17 St. Florida street address (P.O. Box NOT acceptable)
Hialeah	FL 33010
City	Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	nd to accept service of process for the above stated limited ed in this certificate. I hereby accept the appointment as appacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 605, F.S

(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 AMBR	Manufal Mantinan
7WDIX	Mayriel Martinez 650 E 17 st
	Hialeah, EL 33010
	
	
(Use attachment if necessary)	
MEN OF THE	
TLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
x all	
~ 55	
Signatury of a mambar or	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felor
Mayriel Martinez	
Ty	ped or printed name of signee
	<u>Filing Fees</u>

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)