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



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2021

MARCELLA BORDIGNON 8615 COMMODITY CIRCLE STE 11 ORLANDO, FL 32819 US

SUBJECT: MAID AID EXPRESS LLC

Ref. Number: W21000125711

She country froms

But Regards.

We have received your document for MAID AID EXPRESS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

It seems you are attempting to convert you non-Florida registered entity into a Florida entity. However, the wrong forms were submitted. Please completed the attached forms.

Please return 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.

Jalesa S Dennis Regulatory Specialist II

Letter Number: 721A00022501

COVER LETTER

TO: New Filing Son Division of C				
SUBJECT: MA		RESS LLC ulting Florida Limited Con	npany)	-
	•	=	d fees are submitted to accordance with s. 605.1	
Please return all corre	espondence concerning	g this matter to:		
Mancella B	900 gnon (Contact Person)			
EXPAT CONSU	(Firm/Company)			
8615 lom	modit lice (Address)	St11		2021 SETAL
Onlando F	L 328/19 City, State and Zip Code)			1 JUN 29
	T CONSULTING e used for future annual re			PH EE, FI
For further information	on concerning this ma	tter, please call:		1: 54 ORIGI
Marcella R (Name of Conta	ct Person)	at (407) 74 (Area Code) (Day	15 - 11 17 rtime Telephone Number)	> -
	or the following amou a bank located in the		sed by this office must b	oe payable in US
S \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add	ress:	Stree	t 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 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 PHILADEL PHIA, PA (Enter state, or if a non-U.S. entity, the name of the country)
on 09/16/2019 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MAID AID EXPRESS LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 09/23/24.
(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.



Signature of Authorized Representative of Limit		
Signature of Authorized Representative:	Claudia Valresde Belan Title: - AMBR	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	l
Signature: <u>Ova Claudia Valued</u> Printed Name: <u>ANA CLAUDIA VALUER DE</u> BELAR MINO	Relanning Title: AMBR	_ _
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	<u> </u>
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature:Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili	•	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		2021 7ALL
Fees:		2021 JUN 29 S-CRETARY ALLAHASSEE
Articles of Conversion:	\$25.00	
rees for Florida Articles of Organization:	\$125.00	
Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	PH 1:54 FSTATE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
MAID AID EXPESS LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
319 JYOTIDA 319 JYOTI DR DAVENPORT-FL 33837 DAVENPORT-FL 33837
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
EXPAT CONSULTING CORP
8615 COMMODITY CIRCLE STAN Florida street address (P.O. Box NOT acceptable)
00101 37800

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMBR	ANA CLAUDIA VALVERDE BELARM 2505 BLEIGH AV PHILADEL PHIA PA 19152		
	7921		
	DRE IAR		
			
(Use attachment if necessary)	FLORIDA		
CLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
Orna Clau	idia Valverde Belaining		
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony		
ANA CLAUDIA NA	LVERDE BELARM 140 ped 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)