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SECRETARY OF STATE
TALLAHASSEE, FL

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DATE:

12/14/21

NAME: AKENATON PIERRE, P.A.

TYPE OF FILING: CONVERSION

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150.00

RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HOD

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Articles of Conversion For

"Other Business Entity"

, SECRETARY OF STATE TALLAHASSEE, FL

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: Akenaton Pierre, P.A.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type, Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on07/01/2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
The Empreinte Group, 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 8th day of December	20
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	A P
Printed Name: Akenaton R. Pierre	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name Alaman B. Binara	Titl Described
Printed Name: Akenaton R. Pierre	
Signature:Printed Name:	Title
Signature: Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature: Printed Name:	Title
	11116.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
	en I de de la Propinsion de la
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Empreinte G				-		
ARTICLE II - Add	r contain the words "Limited Li lress: and street address of th		ŕ	ed Liability Compa	ıny is:	
Principal Office A	ddress:	Mailing	Address:			
1171 NE 149 St. S Miami, FL 33161	Ste. 103	<u>1171 N</u> <u>Miami,</u>	E 149 St. Ste. 1 FL 33161	03		
The Limited Liability Cor business entity with an ac	gistered Agent, Registe npany cannot serve as its own R tive Florida registration.) lorida street address of t	legistered Agent, \	ou must designate an	ent's Signature: individual or another SECRETARY OF STAT TALLAHASSEE, FL	2021 DEC 14 PM 34	
Akenaton R. Pierre			克克	£	1	
	N	ame		98.E	PH	
_	1171 NE 149 St. Ste. 103		ST/	پي		
	Florida street address (P.O. Box <u>NO</u>		L ATE	30	
_	Miami	FL	33161			
_	City		Zip			
liability compa registered agent a statutes relating	ed as registered agent an ny at the place designate nd agree to act in this ca to the proper and comple gations of my position as	d in this certifi pacity. I furthe ete performanc	cate, I hereby acc er agree to compl ee of my duties, ar	cept the appointmen ly with the provision nd I am familiar wit	nt as ns of all th and	

Registered Agent's Signature (REQUIRED)

(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 MGR	Akenaton R. Pierre 1171 NE 149 St. Ste. 103 Miami, FL 33161			
				
		SEC	200	
		SECRETARY OF STAT	ファラー	
(Use attachment if necessary)		Y OF ST	T.	
ARTICLE V: Other provisions, if any.		FATE	<u>-</u>	
REQUIRED SIGNATURE:				

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Akenaton Pierre Manager
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)