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| (Re | equestor's Name) | |
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| (A | ddress) | |
| (A | ddress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| . (B | usiness Entity Nar | me) |
| (Ď | ocument Number) | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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M2/VX/59/4)
T. SCOTT

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02/07/22--01003--008 **47.50







December 20, 2021

PETER J MIRALLES 13200 SW 95TH AVE MIAMI, FL 33176

SUBJECT: ATLANTIC WEALTH CONSULTANTS, LLC

Ref. Number: W21000159147

We have received your document for ATLANTIC WEALTH CONSULTANTS, LLC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Georgia IIc can only convert to F LORIDA,

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.

Letter Number: 521A00030282

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

COVER LETTER

| TO: New Filing Section Division of Corporations | |
|---|--|
| SUBJECT: Atlantic Wealth Consultants, | LLC. |
| | f Resulting Florida Limited Company) |
| The enclosed Articles of Conversion A | Articles of Organization, and fees are submitted to convert an "Other d Liability Company" in accordance with s. 605.1045, F.S. |
| Peter Miralles | |
| | |
| (Contact Person) Atlantic Wealth Consultants, LLC. | |
| (Firm/Company) | |
| 13200 SW 95th Ave | |
| (Address) | |
| Miami, FL 33176 | |
| (City, State and Zip Cod | le) |
| pmiralles@awc2.∞m | |
| E-mail Address: (to be used for future annua | report notifications) |
| For further information concerning this | matter, please call: |
| Peter Miralles | at (678)665-7022 |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following am dollars and drawn on a bank located in the | nount: (All checks processed 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 | s S 180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: 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"

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: Atlantic Wealth Consultants, LLC. (Enter Name of Other Business Entity) | |
|---|------|
| 2 The "Other Business Entity" is a Limited Liability Corporation | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, e | tc.) |
| First organized, formed or incorporated under the laws of Georgia | • |
| (Enter state, or if a non-U.S. entity, the name of the country) | |
| 05/11/2007 | |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization Atlantic Wealth Consultants, 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. | r |
| 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. | ı |



| Signed this 31 day of March | 20 22. |
|---|--|
| Signature of Authorized Representative of Liv | nited Liability Company: |
| Signature of Authorized Representative: Printed Name: Peter Miralles | Title: Managing Member |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s)] |
| Signature: | hiall- |
| Printed Name: Peter Miralles | Title: Managing Member |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title |
| | |
| Signature: | T.1 |
| Printed Name: | Hue: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| 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 Liabil. 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. | |
| 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

| The name of the Limited Liability Co | | |
|---------------------------------------|--|-----------|
| Atlantic Wealth Consultants LLC | | |
| (Vitis) contain the words "[i | united Liability Company, "L.L.C.," or "LLC,") | _ |
| ARTICLE II - Address: | | |
| The mailing address and street addres | s of the principal office of the Limited Liability C | ompany is |
| Principal Office Address: | Mailing Address: | • |
| 13200 SW 95th Ave | 13200 SW 95th Ave | |
| | | |
| Miami, FL 33176 | Miami, FL 33176 | |

The name and the Florida street address of the registered agent are:

| N: | ıme |
|---------------------------|---------------------------------|
| 2627 McCcrmick Drive Ste | 101 |
| Florida street address (I | P.O. Box <u>NOT</u> acceptable) |
| Cleanvater | FI 33759 |
| City | Zip |

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. Thereby 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.

Régistered Agent's Signature (RÉQUIRED)

(CONTINUED)

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---|-------------------|
| MGR | Peter Miralles |
| | 13200 SW 95th Ave |
| | Miami, FL 33176 |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| LE V: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | inalla |

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)

Typed or printed name of signee

Peter Miralles