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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

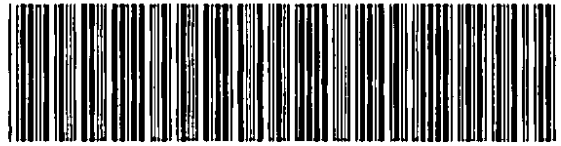
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26 APR 29 AM 9:45
DIVISION OF REVENUE
STATE OF NEW YORK

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CONCIERGE TRAVEL PLANNERS, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

CHELSEA SCARNECCHIA

(Contact Person)

Scarnecchia Mullin, PLLC

(Firm/Company)

101 NE 3rd Ave, Suite 1500

(Address)

Fort Lauderdale, FL 33301

(City, State and Zip Code)

chelsea@scarnecchiamullin.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Lidia Ruiz

954

260-6924

at ()

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$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

☒ \$185.00 Filing Fees,
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

RECEIVED
DIVISION OF CORPORATIONS
26 APR 29 AM 9:45

Articles of Conversion
For
"Other Business Entity"
Into
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:
CONCIERGE TRAVEL PLANNERS, INC.

(Enter Name of Other Business Entity)
Corporation

2. The "Other Business Entity" is a _____
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Florida

First organized, formed or incorporated under the laws of _____
(Enter state, or if a non-U.S. entity, the name of the country)

3/28/2012

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**:
CONCIERGE TRAVEL PLANNERS, LLC

(Enter Name of Florida Limited Liability Company)
4/1/2022

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 1st day of April 2022

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Lidia Ruiz Title: President/Officer

Signature(s) on behalf of Other Business Entity: (See below for required signature(s))

Signature: [Signature]
Printed Name: Lidia Ruiz Title: Director

Signature: _____
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 Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS REGISTRATION
26 APR 29 AM 9:45

ARTICLE 1- NAME

- 1.1 The name of the Limited Liability Company is:

CONCIERGE TRAVEL PLANNERS, LLC

ARTICLE 2- ADDRESS

- 2.1 The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

CONCIERGE TRAVEL PLANNERS, LLC
116 Scagull Lane
TAVERNIER, FL 33070

Mailing Address:

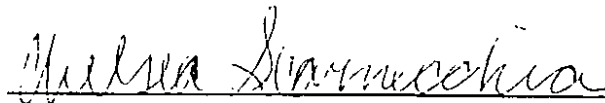
1117 Rivage Promenade
Wilmington, NC 28412

ARTICLE 3- REGISTERED AGENT

- 3.1 The name and the Florida street address of the registered agent is:

CHELSEA SCARNECCHIA
SCARNECCHIA MULLIN, PLLC
101 NE 3RD AVE., STE 1500
FORT LAUDERDALE, FL 33301

- 3.2 Registered Agent Signature: *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 Signature

ARTICLE IV- AUTHORIZED PERSONS

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

Title:
AMBR

Name and Address:
LIDIA RUIZ
116 SEAGULL LANE
TAVERNIER, FL 33070

ARTICLE 5- EFFECTIVE DATE

5.1 The Effective Date shall be April 1, 2022

CERTIFICATE

The undersigned authorized person of Concierge Travel Planners, LLC hereby certifies that the foregoing Articles of Organization are the original Articles of Organization of the Limited Liability Company adopted by the AMBR of the Limited Liability Company.

Dated: 30 March 2022



Lidia Ruiz
AMBR