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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
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01/07/22--01006--004 **150.00







April 28, 2022

VICTORIA GONZALEZ 280 SW 20 RD, APT 704 MIAMI, FL 33129

SUBJECT: VICTORIA GONZALEZ PLLC

Ref. Number: W22000005061

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

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Must list purpose of pllc in article y

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 122A00009931

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Victoria Gonzalez PLL (Name of Resulting Florida Limi	ited Company)
The enclosed Articles of Conversion, Articles of Organizat Business Entity" into a "Florida Limited Liability Company	ion, and fees are submitted to convert an "Other y" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:	
Victoria Gonzalez (Contact Person) Victoria Gonzalez, PLLC (Firm/Company) 280 sw 20 rd, Apt 704 (Address)	
Miami, FL 33129 (City, State and Zip Code) Va Sofia lawyer@amail.com E-mail Address: (to be used for future annual report notifications)	2022 JUL 19 AN
For further information concerning this matter, please call: Victoria Gorralez at (186 (Name of Contact Person) (Area Code) 210 (988 55) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks problems and drawn on a bank located in the United States)	processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{array}{c} \S155.00 \text{ Filing Fees} & \Bigcup \S180.00 \text{ Filing and Certified Cope of Organization} \end{array} \$\begin{array}{c} \S155.00 \text{ Filing Fees} & \Bigcup \S180.00 \text{ Filing and Certified Cope of Organization} \end{array} \$\begin{array}{c} \S155.00 \text{ Filing Fees} & \Bigcup \S180.00 \text{ Filing and Certified Cope of Organization} \end{array} \$\begin{array}{c} \S155.00 \text{ Filing Fees} & \Bigcup \S180.00 \text{ Filing and Certified Cope of Organization} \end{array} \$\begin{array}{c} \S155.00 \text{ Filing Fees} & \Bigcup \S180.00 \text{ Filing and Certified Cope of Organization} \end{array} \$\begin{array}{c} \S155.00 \text{ Filing Fees} & \Bigcup \S180.00 \text{ Filing and Certified Cope of Organization} \end{array} \$\begin{array}{c} \S155.00 \text{ Filing Fees} & \Bigcup \S180.00 \text{ Filing array} \text{ Filing Array} \text{ Filing Array} \$\begin{array}{c} \S180.00 \text{ Filing Fees} & \Bigcup \S180.00 \text{ Filing Array} \text{ Filing Array} \$\begin{array}{c} \S180.00 \text{ Filing Fees} & \Bigcup \S180.00 \text{ Filing Array} \text{ Filing Array} \$\begin{array}{c} \S180.00 \text{ Filing Array} \text{ Filing Array} \text{ Filing Array} \$\begin{array}{c} \S180.00 \text{ Filing Array} \$\begi	· · · · · · · · · · · · · · · · · · ·
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Street Address: New Filing Section Division of Corporations The 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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Profit Corporation (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)
on 12 01 2021 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Victoria Gonzalez PLLC.
(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.
2022 J

Signed this 4 day of January	_20_22
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: Victoria Gorzalez	_ Title: <u>managing</u> member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: Vicionia Goralez	_Title: President/Incorporator
Signature:	<u>,</u>
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature: Printed Name:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	\$25.00 \$25.00
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

ARTICLE I - Name: The name of the Limited Liability Company is:					
Victoria Genzalez, PLI (Must contain the words "Limited Liability	Company. "I	L.C.," or "LLC.")		_	
ARTICLE II - Address: The mailing address and street address of the pri	incipal offi	ce of the Limited	Liability	Comp	oany is:
Principal Office Address:	Mailing	Address:			
280 sw 20 road, Apt 704 Miami, EL 33129	280 Wian	SW 20,1000 NIJ, FL 33120	l Apt	=70L -	f
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, &	Registered Agen	i t's Signa dividual or a	ature: inother	
The name and the Florida street address of the re	egistered a	gent are:			
Victoria Gamal	22				
280 sw 20 road	Aot 7	'OЧ			
Florida street address (P.O.		acceptable)			
Miami	FL	33129			
City		Zip			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certific ty. I furthe erformanc	cate, I hereby acce or agree to comply e of my duties, and	pt the app with the p I am fan	pointn provisi tiliar v	ient as ions of all vith and
Registered Agent's Sign	ature (REC	QUIRED)		~ 3	
(CONTINI	U ED)		A 28 38 64	2022 JUL 19 AM	
			751 751	رق عد	C

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR R	Victoria Gonzalez 280 sw 20rd, Apt 704 Miami, FL 33129
	
(Use attachment if necessary)	注:
CLE V: Other provisions, if any.	20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -
gal services	
<u> </u>	
REQUIRED SIGNATURE:	2 · · · ·
REQUIRED SIGNATURE.	
Signature of a member or a	on authorized representative of a member
This document is executed in accordance any false information submitted in a docume as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I am aware the nent to the Department of State constitutes a third degree felo
Victoria Gonz	alo.
Туг	ped or printed name of signee
	Filing Fees

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)