# UZZOOO374199

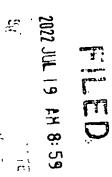
| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)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

Office Use Only



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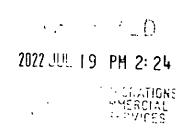


### **COVER LETTER**

| TO:                 | ΓO: New Filing Section Division of Corporations                                |   |                                      |                          |   |  |
|---------------------|--|---|--------------------------------------|--------------------------|---|--|
| SURI                | IFCT: AMR CO   | NNECTIONS LLC   |                                      |                          |   |  |
| 30170               |  | (Name of Res  | sulting Florida Limi                 | ted Con                  | npany)  |  |
|                     |  |   |                                      |                          | d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.                                  |  |
| Please              | e return all corr  | espondence concernin                                  | g this matter to:                    |                          |   |  |
| DEBC                | RA FORTUNAT  | 0   |                                      |                          |   |  |
|                     |  | (Contact Person)                                      |                                      | -                        |   |  |
| AMR (               | CONNECTIONS  | , INC.  |                                      |                          |   |  |
|                     |  | (Firm/Company)  |                                      | -                        |   |  |
| 3940                | METRO PKWY S   | STE 110   |                                      |                          |   |  |
|                     |  | (Address)   |                                      | -                        |   |  |
| FORT                | MYERS, FL 339  | 916   |                                      |                          |   |  |
|                     | (1   | City, State and Zip Code)                             |                                      | -                        |   |  |
| AMRO                | CONNECTIONS  | NC@GMAIL.COM  |                                      |                          |   |  |
| E-r                 | nail Address: (to b  | e used for future annual re                           | port notifications)                  | _                        |   |  |
| For fu              | irther informati   | on concerning this ma                                 | tter, please call:                   |                          |   |  |
| DEBC                | RA FORTUNAT  | 0   | _at ( <u>_</u>                       | 274-8                    | 3290  |  |
|                     | (Name of Conta   | net Person)   |                                      | (Day                     | time Telephone Number)  |  |
|                     |  | for the following amount to bank located in the       | •                                    | process                  | sed by this office must be payable in US  |  |
| (\$25 fc<br>& \$125 | 60.00 Filing Fees<br>or Conversion<br>5 for Articles<br>anization)             | □\$155.00 Filing Fees<br>and Certificate of<br>Status | □S180.00 Filing<br>and Certified Cop |                          | □\$185.00 Filing Fees. Certified Copy, and Certificate of Status  |  |
|                     | Mailing Add<br>New Filing S<br>Division of C<br>P.O. Box 632<br>Tallahassee. I | ection<br>Corporations<br>17                          |                                      | New I<br>Divisi<br>The C | t Address:<br>Filing Section<br>ion of Corporations<br>Centre of Tallahassee<br>N. Monroe Street, Suite 810 |  |

Tallahassee, FL 32303





June 24, 2022

DEBORA FORTUNATO 3940 METRO PKWY STE 110 FORT MYER, FL 33916

SUBJECT: AMR CONNECTIONS LLC Ref. Number: W22000085442

We have received your document for AMR CONNECTIONS 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):

The Certificate of Conversion must be signed by an authorized person.

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.

Letter Number: 822A00014284

Jessica A Fason Regulatory Specialist II

## **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.

| s of Conversion is:                           |
|---|
|   |
|   |
| law or business trust, etc.)                  |
| name of the country)                          |
| •   |
|   |
| les of Organization:                          |
|   |
| calendar days after will not be listed as the |
|   |
|   |

| Signed tl              | nis <u>1ST</u>  | _ day of JUNE  | _ 20 <u>.22</u>  |
|------------------------|---|--|--|
|                        |   | rized Representative of Limi                               |  |
| Signature<br>Printed N | e of Authori<br>lame:DEBOF  | zed Representative:  | Cere PRESIDENT   |
| Signatur               | e(s) on beha  | If of Other Business Entity:                               | See below for required signature(s)                            |
| Signature              | 1   | Elevo Josty la-  | Title: PRESIDENT   |
| Printed N              | lame: DEBOF   | RA FORTUNATO-SOUZA   | Title: PRESIDENT   |
| Signature              | ::  |  |  |
| Printed N              | lame:   |  | Title:   |
| Signature              | :   |  | Title:   |
| Printed N              | lame:   |  | Title:   |
| Signature              | ·   |  | Title:   |
| rimica N               | (ame:   |  | THIC:  |
| Signature<br>Printed N | ::<br>!ame:   |  | Title:   |
|                        |   |  |  |
| Printed N              | lame:   |  | Title:   |
| <u>If Florid</u>       | a Corporati   | <u>on:</u>   |  |
| _                      |   | n. Vice Chairman. Director, or                             |  |
| ii Directo             | ns of Officer   | s have not been selected, an In-                           | corporator must sign.  |
|                        | a General P<br>of one Gene  | <mark>artnership or Limited Liabili</mark><br>eral Partner | ty Partnership:  |
| -                      |   |  |  |
|                        |   | artnership or Limited Liabili<br>meral Partners.           | ty Limited Partnership:  |
| All other<br>Signature | <u>'s:</u><br>e of an author  | rized person.  |  |
| Fees:                  |   |  |  |
| F<br>C                 | articles of Co<br>lees for Flori<br>'ertified Cop<br>'ertificate of | da Articles of Organization:<br>y:                         | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

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

| AMI                                     | R CONNECTIONS LLC   |
|---|---|
| (Must contain the words "I              | imited Liability Company, "L.L.C.," or "LLC.")                              |
| ARTICLE II - Address;                   |   |
|   | on a Cale a main aims I a 175 an a Cale a Classia a Litabilitas a Cansanna. |
| The maning address and street addre     | ess of the principal office of the Limited Liability Company                |
| Principal Office Address:               | Mailing Address:  |
| 5305 SUMMERLIN RD                       | 3940 METRO PKWY   |
| 0000 0000000000000000000000000000000000 |   |
| APT 513                                 | STE 110   |

| DEBORA FORTUNATO-SOUZA      |                               |  |
|-----------------------------|-------------------------------|--|
| Name                        |                               |  |
| 3940 METRO PKV              | VY STE 110                    |  |
| Florida street address (P.0 | O. Box <u>NOT</u> acceptable) |  |
| FORT MYERS                  | FL <sup>33919</sup>           |  |
| 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. 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 (REOURED)

(CONTINUED)

#### ARTICLE IV-

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

. . . .

| <u>Title:</u>                             | Name and Address:   |
|---|---|
| "AMBR" = Authorized Member                |   |
| "MGR" = Manager                           |   |
| MGRM                                      | DEBORA FORTUNATO-SOUZA  |
|   | 3940 METRO PKWY - STE 110   |
|   | FORT MYERS, FL 33916  |
|   |   |
| AMBR                                      | MARIA E. BARBATO  |
|   | 3940 METRO PKWY - STE 110   |
|   | FORT MYERS, FL 33916  |
|   |   |
|   |   |
| <del></del>                               |   |
|   |   |
|   | <del></del>   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| (Use attachment if necessary)             |   |
|   | er <b>2</b> 0   |
|   | 122   |
| <b>FICLE V:</b> Other provisions, if any. | <u></u>   |
| TH MEMBERS CAN SIGN ANY DOCUMEN'          | TS AND TRANSFER ASSETS. ONLY MANAGING MEMBER  |
| RESPONSIBLE FOR DEBTS INCURRED BY         | THE LLC PRIOR TO OR AFTER CONVERSION. 🕟 🧗   |
|   |   |
|   |   |
| REQUIRED SIGNATURE: /                     | o 💆   |
|   |   |
| There dath                                | (n) 159   |
| 1/2000                                    | <u>~~</u>   |
|   |   |
|   | an authorized representative of a member  |
|   | e with section 605.0203 (1) (b), Florida Statutes, I am aware that iment to the Department of State constitutes a third degree felony |
| any taise information submitted in a docu | michi to the Department of State constitutes a third degree felony  |

DEBORA FORTUNATO-SOUZA

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)