L22000438739

(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:
Signodiant

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COVER LETTER

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SUBJ	ECT:		ERVICES Co		inany)			
Busin	ess Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organizati ability Company	on, and	d fees are submitted to cocordance with s. 605.10			"Other
Please	return all come	espondence concerning	g this matter to:					
	O PTI MUS	GARCIA (Contact Person) Solutions Enter P (Firm/Company) SW 159 Place	PLISES INC					
	(((Address) 11 FLORIDA 33 City, State and Zip Code)	193	-			2022 SEP 7	, j
	nail Address: (to b	<u> Haga Ya Hoo.co m</u> e used for future annual re on concerning this ma		-			P 27 FH 2: 07	
	JAIME GA	2CIA	_at(786) 52	5 -2101 ·	,	07	
	(Name of Conta	ct Person)	(Area Code)	(Day	rtime Telephone Number)			
		or the following amou a bank located in the		rocess	sed by this office must b	e pay	able i	n US
& \$125	0.00 Filing Fees or Conversion of for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop	Fees y	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite nassee, FL 32303	810		



August 18, 2022

JAIME GARCIA
OPTIMUS SOLUTIONS ENTERPRISES INC
8060 SW 159 PLACE
MIAMI, FL 33193

SUBJECT: ARGOTI SERVICES CORP

Ref. Number: P19000055385

We have received your document for ARGOTI SERVICES CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong conversion application. Please complete the attached form.

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) 245-6050.

Diane Cushing Senior Section Administrator

SEP 0.7 2022

Letter Number: 722A00018468



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2022

JAIME GARCIA
OPTIMUS SOLUTIONS ENTERPRISES INC
8060 SW 159 PLACE
MIAMI, FL 33193

SUBJECT: ARGOTI SERVICES CORP

Ref. Number: P19000055385

We have received your document for ARGOTI SERVICES CORP 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 Conversion Application requires 2 signatures. I have highlighted where we need the signature.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 822A00020269

www.sunbiz.org

Articles of Conversion

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 Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ARGOTI SERVICES CORP - P190000 55 385
(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)
on June 27.2019 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ARGOTI SERVICES L.L.C.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: June-7-2022
(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 1 day of SEPTEMBER	20 2 2
Signature of Authorized Representative of Limit	ed Liability Company:
). M	d 32111 10 0
Signature of Authorized Representative:	Title: GENERAL PARTNER
Signature(s) ombehalf of Other Business Entity:	See below for required signature(s)]
Signature: Why Survey	
Printed Name: YERSON SUAPEZ	Title: MGR
Printed Name.	
Signature:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title
Printed Name:	_ Title;
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Title
Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
C.B. C.	
All others:	
Signature of an authorized person.	
Fees:	
	e25 00
Articles of Conversion:	\$25.00 \$125.00
Fees for Florida Articles of Organization:	\$30.00 (Optional)
Certified Copy: Certificate of Status:	\$5.00 (Optional)
Cettificate of Status.	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	022 SEP 27
ARGOTI SERVICES	LLC P
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14272 SW 140 ST UNIT \$ 1103 MIAMI FL 33186	14272 SW 140 ST UNIT#1103 MILAMI FL 33186
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
Luisa F. Ber	2NAL
Name	· · · · · · · · · · · · · · · · · · ·
19810 SW 87 41	VENUE
Florida street address (P.O. I	Box NOT acceptable)
MIAMI	FL 3からと
City	FL 3315ア Zip
liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AM OR	LUISA F. BERNAL
	19810 S.W. 87 AVENUE
	MIAM(FL 33157
M C D	YERSON SUAREZ
MGR	19810 S.W. 8+ AVENUE
	MIAMI FL 33157
(Use attachment if necessary)	
`	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	se Jemel
REQUIRED SIGNATURE: Signature of a member This document is executed in accounty false information submitted in as provided for in s.817.155, F.S.	er or an authorized representative of a member rdance with section 605.0203 (1) (b), Florida Statutes. I am aware to a document to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Signature of a member This document is executed in accounty false information submitted in as provided for in s.817.155, F.S.	er or an authorized representative of a member

ARTICLE IV-