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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

SECRETARY OF STATE

TALLAHASSEE, STAPPOLIT

FILED





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2022

JESSICA RICO GIRALDO 3566 NE 168TH ST APT 1 NORTH MIAMI BEACH, FL 33160

SUBJECT: ALRICO LLC

Ref. Number: W22000156430

31 '2 FHZ: 16

We have received your document for ALRICO 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):

We have received your document for ALRICO LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$150.00

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 122A00028344

23 JAN 12 AM 3:

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: ALRICO 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:	
Jessica Rico Givaldo (Contact Person) ALRICO LLC (Firm/Company) 3566 NE 168+h St AP+ L (Address) Nolth Miami beach, FL, 33160 (City. State and Zip Code) E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Jessica Rico Givaldo at (929) 303 404 J (Name of Contact Person) (Area Code) (Davtime Telephone Number)	1 ニ
Jessica Rico Giraldo at (929) 303 40H (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)	
\$150,000 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees \$185.00 Filing Fees	
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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: ALRICO ILC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of New York (Enter state, or if a non-U.S. entity, the name of the country)
on 11/05/2018 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization.
ALRICO LLC
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: 07/13/2022 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(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 13 day of July	20 22 .		
Signature of Authorized Representative of Limit	ted Liability Company:		
Signature of Authorized Representative: Althorized Printed Name: Jessica Rico Gitaldo	Title: maraget	_	
(Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]	7	
Signature:	loTitle: Manage!	-7 -7	
Signature:		_	
Signature:Printed Name:	_ Title:		
Signature:		_	
Signature:Printed Name:	_ Title:		
Signature:		_	
Printed Name:	_ Title:	_	
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Signature:Printed Name:	_ Title:		
Signature:		_	
Signature:Printed Name:	Title:	- = 2	
If Florida Corporation:		23 JAN SECRE!	-
Signature of Chairman, Vice Chairman, Director, or C		E	
If Directors or Officers have not been selected, an Inc	corporator must sign.	12 ASSI	
If Florida General Partnership or Limited Liabilit	ty Partnership:	Me Z	ζ
Signature of one General Partner.		39 -: 09 -: 22 -: 23 -: 24 -:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	9.97 7.72 7.72	
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

ARTICLE I - Name:
The name of the Limited Liability Company is:
Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
3566 NE 168 + 168
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Jessica Rico Giroldo Name
3566 NE 168+ h st AP+ 1 Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable) Noth miomi beach FL 33160 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Jessica Rico Giraldo
	3566 NE 168th St, APT 1
	North miomi beach FL, 33160
	
(Use attachment if necessary)	SE SE
CLE V: Other provisions, if any.	SECRE INRIVATION OF TALL AHASS
REQUIRED SIGNATURE:	
1 A LATA	
- Parague Noville	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
<u>Jessi</u>	ped or printed name of signee
○ _{Ty}	ped or printed name of signee Filing Fees
\$125.00 Filing Fee for Articles o	of Organization and Designation of Registered Ager

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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

ALRICO LLC

DOS ID Number:

5437437

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

11/05/2018

Statement Status:

PAST DUE DATE

Statement Due Date:

11/30/2020

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23 JAN 12 AM 8: 25
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No information is available from this office regarding the financial condition, business activity or practices of this entity,



WITNESS my hand and official seal of the Department of State, at the City of Albany, on June 24, 2022 at 02:28 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugha

By Brendan C. Hughes

Executive Deputy Secretary of State

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