L23000027341

(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



100397353101

្រុស Mark មិនការប្រកាសមាន**៖**អ្នកស្រាល

2022 DEC 15 PM 12: 39

fil 12/15/22

W22-1455a2



15 Fil 2:43

Letter Number: 122A00026027

November 22, 2022

ANDRES F HOLGUIN SUAREZ 8813 VILLA VIEW CR. #201 ORLANDO, FL 32821

SUBJECT: AF HOLGUIN SERVICES LLC

Ref. Number: W22000145502

We have received your document for AF HOLGUIN SERVICES 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):

Please complete the marked sections in the Articles of Conversion. Signatures are missing.

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.

DANIEL L O'KEEFE Regulatory Specialist II

2022 DEC 15 PM 12: 39

www.sunbiz.org

COVER LETTER

Division of C	Corporations			
STIP TECT. AF HOL	GUIN SERVICES LLC			
SUBJECT.		sulting Florida Li	mited Co	mpany)
		_		nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all com	espondence concerning	g this matter to):	
ANDRES F HOLGUIN	I SUAREZ			
	(Contact Person)			
	(Firm/Company)		-	
8813 VILLA VIEW CR	. # 201			
	(Address)			
ORLANDO, FL 32821				
(1	City, State and Zip Code)			
ANDRES_HOLGUIN8	1@HOTMAIL.COM			
E-mail Address: (to b	e used for future annual re	port notifications	_	
For further informati	on concerning this ma	tter, please call	:	
ANDRES F HOLGUIN	SUARES	_at ()_5417	381
(Name of Conta	act Person)	(Area Cod	e) (Day	ytime Telephone Number)
	for the following amou a bank located in the	•	process	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filin and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add				t Address:
New Filing So		•		Filing Section
Division of C P.O. Box 632				ion of Corporations Centre of Tallahassee
F.Q. DQX 032	1		THU C	CHITE OF LAHAHASSEC

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: HOLGUIN SERVICES INC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Firs	st organized, formed or incorporated under the laws of FL (Enter state, or if a non-U.S. entity, the name of the country)
	04/01/2021
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:
AF	HOLGUIN SERVICES LLC.
	(Enter Name of Florida Limited Liability Company)
	If not effective on the date of filing, enter the effective date:
the Not	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.) 1. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
5. 7	The plan of conversion has been approved in accordance with all applicable statutes.
	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 DEC 15 PMI

Signed this 1 day of NOVEMBER 2022			
Signature of Authorized Representative of Lim	ited Liability Company:		
Signature of Authorized Representative:	lvis Felipe Holyvin Title: PRESIDENTE!		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)		
Signature: Andres Felipe Holysin Printed Name: andres Felipe Holysin	X Title: President X.		
Signature:Printed Name:	7		
Printed Name:	Title:		
Signature:			
Signature: Printed Name:	Title:		
Signature:			
Signature:Printed Name:	Title:		
Signature:			
Signature:Printed Name:	Title:		
Signature			
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liability	corporator must sign.		
Signature of one General Partner.	· · · · · · · · · · · · · · · · · · ·		
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ity Limited Partnership:	ALL AHA	2022 DEC
All others: Signature of an authorized person.		ASSIT.	5
Fees:			₽₩ [2: 39
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	<u> </u>	39

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na			
The name of the I	Limited Liability Compa	iny is:	
AF HOLGUIN SER			
(N ⁴	fust contain the words "Limited	Liability Company, "L.L.C.," or "LLC	2.")
ARTICLE II - A	ddress:		
The mailing addre	ess and street address of	the principal office of the Li	mited Liability Company is:
Principal Office	Address:	Mailing Address:	
8813 VILLA VIEW	CR. # 201	8813 VILLA VIEW CR	. # 201
ORLANDO, FL, 32	821	ORLANDO, FL, 32821	
(The Limited Liability of business entity with an	Company cannot serve as its ow a active Florida registration.)	stered Office, & Registered n Registered Agent. You must designate the registered agent are:	
	ANDRES F HOLGUIN S	SUAREZ	
		Name	_
	8813 VILLA VIEW CR.	# 201	_
	Florida street address	s (P.O. Box NOT acceptable)
	ORLANDO	FL 32821	
	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..

2022 DEC 15 PM 12: 35

Andres Felipe Holyvin
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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 PRESIDENTE	ANDRES F HOLGUIN SUAREZ	
· · · · · · · · · · · · · · · · · · ·	8813 VILLA VIEW CR. # 201	
	ORLANDO, FL,32821	
	<u>,</u>	
		—
	> .	—
(Has attachment if negacions)		-
(Use attachment if necessary)	≥ #	
	אָל. יַר.	· -
CLE V: Other provisions, if any.		
		<u>-</u>
		5 }
		":
REQUIRED SIGNATURE:		
Awdies Felipe Hogyi	<u></u>	
		
Signature of a member or	an authorized representative of a member	
This document is executed in accordance any false information submitted in a docu	with section 605.0203 (1) (b), Florida Statutes. I am awa ment to the Department of State constitutes a third degree	re th : felo
as provided for in s.817.155, F.S.	Alek to the Department of Dille Committee a time degree	
ANDRES F HOLGUIN SUAREZ		
Ty	ped or printed name of signee Filing Fees	
,		