# 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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# **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: EMARTCAPITAL LLC			
(Name of I	Resulting Florida Limit	ed Company)	
The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited	_		
Please return all correspondence concern	ing this matter to:		
KARINA POCASANGRE			
(Contact Person)		•	
FOSTER'S ACCOUNTING SERVICES			
(Firm/Company)			
3270 SUNTREE BLVD., STE 101D			
(Address)		•	7 <sub>5</sub> 2
MELBOURNE, FL 32940			23 HAR 22 PH SECRETARY OF TALLAHASSEE
(City, State and Zip Code	2)	•	THAR 22 PH CREENESSEE
KARINA@FOSTERSACCOUNTING.COM			SSE N
E-mail Address: (to be used for future annual	report notifications)	•	
For further information concerning this r	natter, please call:		(6) 2 (6) 2 (7) 4
KARINA POCASANGRE	at ( <sup>321</sup>	323-3400	
(Name of Contact Person)		(Daytime Telepho	ne Number)
Enclosed is a check for the following am dollars and drawn on a bank located in the		rocessed by this o	office must be payable in US
S150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$ \$150,00 Filing Fee and Certificate of Status	s \$\Bigsilon\$\$\left\$\$ \$\Bigsilon\$\$ \$180.00 Filing and Certified Cop		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Secti Division of Corp The Centre of Ta 2415 N. Monroe	orations

Tallahassee, FL 32303

### **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 EMARTCAPITAL LLC	of Conve	ersion	is:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common limited.			
(Enter entity type. Example: corporation, limited partnership, general partnership, common li	aw or busi	ness tru	ist, etc.)
First organized, formed or incorporated under the laws of			
(Enter state, or if a non-U.S. entity, the na	me of the o	country	)
on 6/01/2021 (date of organization, formation or incorporation)	SECRET TALLAHA	23 HAR	77
3. The name of the Florida Limited Liability Company as set forth in the attached Article EMARTCAPITAL LLC	s of Org	gamiza N	tion:
(Enter Name of Florida Limited Liability Company)  4. If not effective on the date of filing, enter the effective date:	EL DOLD	PM 6: 55	O
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 of 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 we 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 15 day of March	_ 20 <u> <i>3</i> 3                                  </u>
Signature of Authorized Representative of Limit	ted Liability/Company:
Signature of Authorized Representative: MY Printed Name: ANTONIO MUNOZ	Title: DWNER
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)
Signature: MANUM  Printed Name: Antonio Llunoz	_ Title: _ <i>(̇̃)\ω</i> η <i>( ̇</i> ʹ
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
	ú.°
Signature: Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
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

2) W. I. 2) W. W. I. 2) W.	<del></del>	
Company, "L.L.C., or "LUC. )		
ncipal office of the Limited	Liability Company is:	
Mailing Address:		
SAME AS PRINCIPAL		
	<del></del>	
Office, & Registered Ager red Agent. You must designate an ir		
gistered agent are:		
RVICES, LLC		
·		
010	TALE 23	
	23 HAR 22 PH SECRE JARY IF	
_	122 123 125	
<u>                                  </u>	Sign I	
Zip	<u> </u>	
accept service of process for this certificate, I hereby accept. I further agree to comply erformance of my duties, and istered agent as provided for fure (REQUIRED)	ept the appointment as with the provisions of al d I am familiar with and	
	Office, & Registered Agented Agent. You must designate an ingistered agent are:  RVICES, LLC  O1D  Box NOT acceptable)  FL 32940  Zip  accept service of process for this certificate, I hereby accept. I further agree to comply the erformance of my duties, and istered agent as provided for a future (REQUIRED)	

#### 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			
MGR	ANTONIO MUNOZ		
	3270 Suntree Blvd., Ste 101D		
	Melbourne, FL 32940		
<del></del>			
	·		
	<u></u>	23	
(Use attachment if necessary)	LOR DE	_ <b>_</b>	
(Ose attachment if necessary)		ਨੌਂ <b>~</b>	
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CLE V: Other provisions, if any.	ਜ਼ <b>ੂ</b>	 	
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	the state of the s	<u>5</u>	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.§17.155, F.S.

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)