

L23000262844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

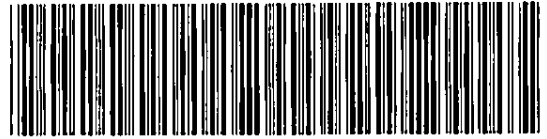
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



400422235174

Conversion

2024 JAN 25 AM 9:07

FILED

2024 JAN 25 PM 3:26

RECEIVED

ALABAMA SECRETARY OF REVENUE

\*02250,07016,00671

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 01/25/2024

Acc#120160000072

*en: c DW*

|             |                                   |
|-------------|-----------------------------------|
| Name:       | Health Insurance King Agency, LLC |
| Document #: |                                   |
| Order #:    | 15343899 - 1                      |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
|                                   |                          | Number of Certs:        |  |

|                                             |                                                |
|---------------------------------------------|------------------------------------------------|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
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|                                             | COGS: <input type="checkbox"/>                 |

Email Address for Annual Report Notifications:

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|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ 55.00

Thank you!



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2024

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: HEALTH INSURANCE KING AGENCY, LLC  
Ref. Number: L23000262844

**CORRECTED**  
**Please Allow For**  
**Same File Date**

We have received your document for HEALTH INSURANCE KING AGENCY, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

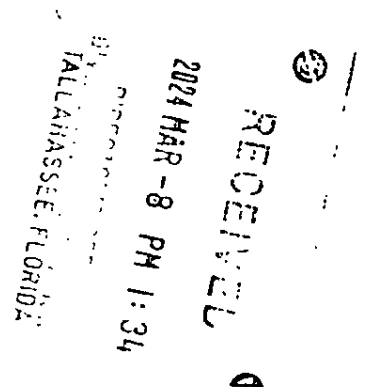
As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Annette Ramsey  
OPS

Letter Number: 724A00001691



FILED

**Articles of Conversion**  
For  
**Florida Limited Liability Company**  
Into  
**"Converted or Other Business Entity"**

2024 JAN 25 AM 9: 07

CLERK OF STATE  
JAIL THASSEE FL 32201

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

Health Insurance King Agency, LLC

\_\_\_\_\_  
Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

Health Insurance King Agency, LLC

\_\_\_\_\_  
Enter Name of "Converted or Other Business Entity"  
LLC

3. The "Converted or Other Business Entity" is a \_\_\_\_\_

(Enter entity type. Example: corporation, limited partnership, sole proprietorship,  
general partnership, common law or business trust, etc.)

Texas

organized, formed or incorporated under the laws of \_\_\_\_\_

(Enter state, or if a non-U.S. entity, the name of the country)

on 3/4/2016

(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

1/23/2024

5. This conversion shall be effective in Florida on: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

CT Corporation System

Street Address:

1200 South Pine Island Road Plantation FL 33324

C T Corporation System

Mailing Address:

1200 South Pine Island Road Plantation FL 33324

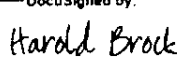
7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

23rd

January

24

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature:   
DocuSigned by: 08BEE6F931718404  
Must be signed by a Member or Authorized Representative  
Harold Brock Owner

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)