

L23000264803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

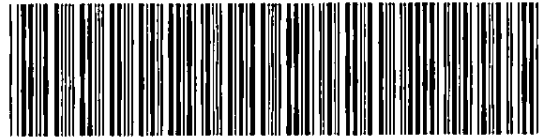
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 MAY 15 PM 4:33

STATE
TAMPA, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DLS INSURANCE GROUP, 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:

RAFAEL LUGIOYO

(Contact Person)

DLS INSURANCE GROUP, LLC

(Firm/Company)

20801 BISCAYNE BLVD, SUITE 340

(Address)

AVENTURA, FL 33180

(City, State and Zip Code)

RLOGIOYO@DLS-INS.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

RAFAEL LUGIOYO

(Name of Contact Person)

at (786)

(Area Code)

620-8085

(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)

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL
STATE

ARTICLES OF CONVERSION OF
DLS INSURANCE GROUP, INC., a corporation
INTO
FLORIDA LIMITED LIABILITY COMPANY

Pursuant to §607.11930 of the Florida Business Corporation Act, DLS INSURANCE GROUP, INC., a Florida Corporation, hereby elects to convert to a Florida Limited Liability Company.

I.

The name of the entity making the election is DLS INSURANCE GROUP, INC., a Florida Corporation.

II.

The jurisdiction in which DLS INSURANCE GROUP, INC. was formed is the State of Florida on January 3, 2019.

III.

The effective date of the election is upon filing with the Secretary of State.

IV.

The election was duly approved as required under §607.11932 of the Florida Business Corporation Act, and as set forth in Bylaws by execution of a Plan of Conversion approved by the Shareholders and Directors.

V.

Filed with this Articles of Conversion are Articles of Organization for the limited liability company, in the form required under § 605.0201 of the Florida Revised Limited Liability Company Act, which sets forth the name of the LLC as DLS INSURANCE GROUP, LLC, said name being in compliance with said Act, and said Articles of Organization shall serve as the Articles of Organization for DLS INSURANCE GROUP, LLC, unless and until modified in accordance with the Florida Revised Limited Liability Company Act.

VI.

On the effective date, pursuant to the Plan of Conversion, each Shareholder's ownership interest in the Corporation shall be converted into an equal ownership interest in DLS INSURANCE GROUP, LLC.

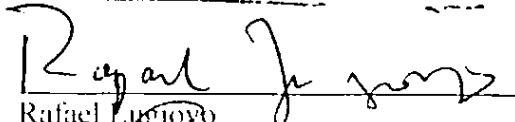
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TALLAHASSEE, FL
SECRETARY OF STATE


CERTIFICATE OF CONVERSION OF
DLS INSURANCE GROUP, INC.

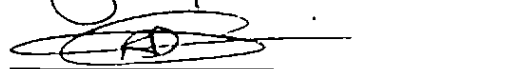
Page 2

IN WITNESS WHEREOF, DLS INSURANCE GROUP, INC. has caused this certificate to be signed by its authorized Shareholders, effective the 1st day of January, 2023.

DLS INSURANCE GROUP, INC. (Seal)


Rafael Lugioyo


Juan Manuel Binera


Roberto De Las Salas

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CLERK OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION OF
DLS INSURANCE GROUP, LLC

I.

The name of the Limited Liability Company is DLS INSURANCE GROUP, LLC.

II.

The mailing address and street address of the principal office of the Limited Liability Company is:

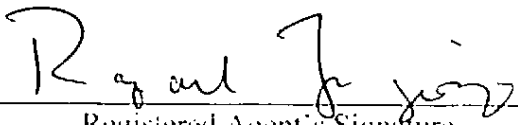
Principal Office and Mailing Address:
20801 Biscayne Blvd., Suite 340
Aventura, FL 33180

III.

The name and the Florida street address of the registered agent are:

Rafael Lugioyo
20801 Biscayne Blvd., Suite 340
Aventura, FL 33180

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.



Registered Agent's Signature

IV.

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

Title: _____ Name and Address:

Manager

Roberto De Las Salas
20801 Biscayne Blvd., Suite 340
Aventura, FL 33180

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CLERK OF DISTRICT COURT
J. LAHASSEE, CLERK

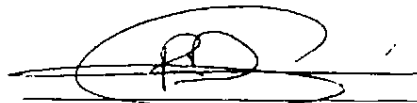
ARTICLES OF ORGANIZATION
DLS INSURANCE GROUP, LLC
Page 2

Manager

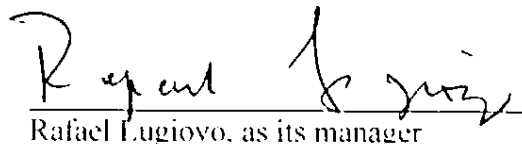
Rafael Lugioyo
20801 Biscayne Blvd., Suite 340
Aventura, FL 33180

IN WITNESS WHEREOF, DLS INSURANCE GROUP, INC. has caused this certificate to be signed by its authorized Managers, effective the 1st day of January, 2023.

DLS INSURANCE GROUP, INC. (Seal)



Roberto De Las Salas, as its manager



Rafael Lugioyo, as its manager

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CLAY COUNTY
TALLAHASSEE, FL