L23000 289447

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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05/31/23--01040--516 ••190.10



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COVER LETTER

TO: New Filing Section **Division of Corporations**

SUBJECT: ____

(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:

ALBERT GONZALEZ

(Contact Person)

AGG P.A.

(Firm Company)

8522 SW 133 AVE

(Address)

MIAMI FL 33183

(City, State and Zip Code).

CONTACT@AGGPA.COM

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

For further information concerning this matter, please call:

ALBERT GONZALEZ	, 786 . at (310-1982
(Name of Contact Person)	(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)

S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	■\$180.00 Filing Fees and Certified Copy	■S185.00 Filing Fees. Certified Copy. and Certificate of Status			
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	iection 'orporations 27	New Divis The C 2415	<u>t Address:</u> Filing Section ion of Corporations 'entre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	OD INLLAHASSEE, FL	2023 MAY 31 AM 8: 45	

Articles of Conversion For <u>"Other Business Entity"</u> 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ACE OF MIAMUNC **P220000 8/390**

(Enter Name of Other Business Entity)

PROFIT CORPORATION

FLORIDA First organized, formed or incorporated under the laws of ____

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

00 10/24/2022

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

ACE OF MIAMI LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date:

(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.)

<u>Note:</u> 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 <u>25</u>	day of <u>MAY</u>	20_23
	norized Representative of Lit	
Signature of Author Printed Name: <u>NUM</u>	orized Representative:	Title: AUTHORIZED MEMBER
		[See below for required signature(s)]
Signature:N	unan Kepetci	Title: OFFICER
Printed Name: NUM		Title: OFFICER
Signature: Printed Name:		Title:
Signature:		Title:
Printed Name:		title:
Signature: Printed Name:		Title:
Signature: Printed Name:		
Signature: Printed Name:		Title:
If Directors or Offi	nan, Vice Chairman, Director, o cers have not been selected, an I Partnership or Limited Liab	Incorporator must sign.
If Florida Limited Signatures of ALL	l Partnership or Limited Liab General Partners.	ility Limited Partnership:
<u>All others:</u> Signature of an aut	horized person.	
Fees:		
		\$25.00 : \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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