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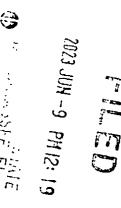
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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT N	1AIL
(Business Entity Name)	
(business Emily Marie)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer.	
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: SB & BC TAX (Name of Re	X SERVICES IN esulting Florida Limited Con	npany)	_	
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I				n "Other
Please return all correspondence concerni	ng this matter to:			
Shanque Castro (Contact Person)				
SB& BC TAX SERVICE (Firm/Company)	S INC		3	2023
3648 West Broward B	vd			2023 JUH -9 PH 12: 1
Fort Landerdale, FL, 333/2 (City, State and Zip Code)	2		ia On Ma	9 PH I
Sb.bc.+ax.Services Coutloo E-mail Address: (to be used for future annual				2: 19
For further information concerning this m	· •			
Shanique Castro (Name of Contact Person)	at (954) 82 (Area Code) (Day	12 - 3903 viime Telephone Number)	_	
Enclosed is a check for the following amodollars and drawn on a bank located in the	•	sed by this office must	be payabl	e in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{array}{c} \$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		t Address: Filing Section		

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

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
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 of Conversion is: SB & BC Tax 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.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 08/17/2012 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SB&BC Tax Services LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: $\frac{4/28/2023}{2000}$.
(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.) Note: 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

Signed this <u>28</u> day of <u>April</u>	_20 <u> </u>	3
Signature of Authorized Representative of Limit	ted Liabil	lity Company:
Signature of Authorized Representatives Nam	\mathcal{A}	The)
Signature of Authorized Representative: Shan Printed Name: Shanique Castro	Title	AMBR
Timed Name: Sylvania Charles	_ ' ' ' ' _	
Signature(s) on behalf of Other Business Entity: [See below	for required signature(s)]
11 . (1)		
Signature: hungulastur Printed Name: Sharique Castro	Tidle	1 A Q Q
Printed Name: Shaniane Castro	_ I itie: _	ANDK
Signature: Belly In Jana		
Printed Name: Betty Antoine	Title:	AMBR
(.		
Signature: Hyper Costs		A
Printed Name: Tyler Castro		AMISR
Signature: <u>Anthony Castro</u> Printed Name: <u>Anthony Castro</u>		
Printed Name: Anthony (Astro	Title	AMBR
Timed Hame. My Horry Cast B	_ ' ' ' ' ' _	
Signature:		
Printed Name:	_ Title: _	
Signature:	Title	
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an Inc	corporator	must sign.
		••
If Florida General Partnership or Limited Liabilit	ty Partner	rsnip:
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit	ty Limited	l Partnership:
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00)
Certified Copy:	-	(Optional)
Certificate of Status:		Optional)
	•	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
SB & BC TAX SERVICES LL (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L	iability Con	npany is:
Principal Office Address: Mailing Address:		
3648 West Broward Blud 3648 West Browar Furt Landerdale, FL 33312 Furt Landerdale, F	<u>d Blud</u> 4. 33312	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.)	's Signatur vidual or anothe	re: er
The name and the Florida street address of the registered agent are:		
Shanique Castro Name		
Florida street address (P.O. Box NOT acceptable)		
Furt Landerdale FL 33312 City Zip		
City Zip		
Having been named as registered agent and to accept service of process for a liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply a statutes relating to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for it	ot the appoin with the prov I am familia	ntment as visions of all ar with and
Man tutan		
Registered Agent's Signature (REQUIRED)	3	
(CONTINUED)		2023 Ji

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	Shanique Castro 3648 West Broward Blind
	Fort Landerdale, FL 33312
AMBR	Betty Antoine
	3648 west Broward Blod
	Fort Lauderdale, FL 33312
AMBR	Tuler Castro
	Tyler Castro 3648 west Browned Blud
	Fort Landerdale, FL 33312
	ŗ
AMBR	Anthony Castro 3648 West Broward Blud
	3648 West Broward Blud
	Fort Landerdale, FL 33312
	5 , <u>2</u>
(Use attachment if necessary)	,
connected to the	
ICLE V: Other provisions, if any.	
	——————————————————————————————————————
	
REQUIRED SIGNATURE:	्राच्या विकास करते । स्वर्षेत्र क्षेत्र
Mariguelatta	
	
	r an authorized representative of a member
This document is executed in accordance	the with section 605.0203 (1) (b), Florida Statutes. I am aware that
any false information submitted in a doci	ument to the Department of State constitutes a third degree felony
·	
<u>Jhanique</u>	yped or printed name of signee
v T	yped 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)