# L23000316175

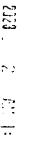
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(2.4), 2.2.3.2
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social City Tollings)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400408450304

05/22/23--01039--018 \*\*195.00



- - -



June 12, 2023

VILLARDOUIN LECONTE 56 NW 118TH ST MIAMI, FL 33168 US

SUBJECT: MIAMI TAX & AUDIT Ref. Number: W23000082167

We have received your document for and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 823A00013230

06/31

: 4" 1:15

## **COVER LETTER**

TO:	New Filing Se Division of C				
CHRI	JECT: MIAMI T	•			
SUDJ	ECI:	(Name of Res	ulting Florida Lim	ited Com	npany)
			~		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this matter to:		
VILLA	ARDOUIN LECO	NTE			
		(Contact Person)		_	
MIAM	TAX & AUDIT				
		(Firm/Company)		-	
56 NV	V 118TH ST				
		(Address)		_	
MIAM	I FL 33168				
	((	City, State and Zip Code)		<del></del>	
INFO(	@MIAMITAXANI	DAUDIT.COM			
E-r	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	irther information	on concerning this ma	tter, please call:		
VILLA	RDOUIN LECO	NTE	at ( <sup>786</sup>	383-7	7147
	(Name of Conta	ct Person)	_ `	) (Day	time Telephone Number)
		or the following amou a bank located in the		process	ed by this office must be payable in US
(\$25 fo & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Co	_	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New F Divisi The C 2415 P	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 hassee, 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:  TDR Financial Service Inc
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
12/15/2015
12/15/2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
MIAMI TAX & AUDIT L L C
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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.
<ol> <li>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.</li> </ol>

	·	
Signed this MARACH day of 17	20 <u>23</u> .	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: VILLARDOUIN LECONTE	Title: MGR	
Signature(s) on behalf of Other Business Entity:		
Signature.  Printed Name: W. In Acres Leventse	Title: (E)	
SignaturePrinted Name:	Title:	
SignaturePrinted Name:	Title:	
Signature:Printed Name:	Fitle:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	_ Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		06/21/23
<u>hees</u>		00/01/23
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

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
MIAMI TAX & AUDIT LLC		
(Must contain the words "Limited Li-	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
7100 BISCAYNE BLVD SUITE 215	7100 BISCAYNE BLVD SUITE	215
MIAMI FL 33138	MIAMI FL 33138	<del></del>
ARTICLE 111 - Registered Agent, Registe (The Limited Liability Company cannot serve as its own B business entity with an active Florida registration.)	Registered Agent. You must designate an indiv	
The name and the Florida street address of t	ine registered agent are:	
VILLARDOUIN LECONTE		
N	lame	
56 NW 118TH ST		
	P.O. Box NOT acceptable)	
MIAMI	FL 33168	
City	Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of my position as Registered Agent's	ed in this certificate. I hereby accept upacity. I further agree to comply w lete performance of my duties, and I	the appointment as ith the provisions of all am familiar with and Chapter 605, F.S
		2023 J
(CON <sup>r</sup>	TINUED)	
		69
		· 连 ,

### 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	VILLARDOUIN LECONTE		
	56 NW 118TH ST		
	MIAMI FL 33168		
<del></del>			
	·		
(Use attachment if necessary)			
,,			
CLE V: Other provisions, if any.			
ELE V. Other provisions, it may.			
DEGLUDED CICNATUDE.			
REQUIRED SIGNATURE:			

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.817.155, F.S.

### VILLARDOUIN LECONTE

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)

NAME OF OWNER: VILLARDOUIN LECONTE AKA VEE

PHONE NUMBER: 786-383-7147 ANYTIME TO CONTACT ME

BUSINESS PHONE: 786-773-5895

BUSINESS MAILING ADDRESS: 7100 BISCAYNE BLVD STE 215 MIAM FL 33138

PERSONAL HOME ADDRESS: 56 NW 118<sup>TH</sup> MIAMI FL 33168

JUST REQUEST TO CONVERT BUSINESS FROM CORPORATION TO LLC ALONG WITH A NAME CHANGE IN THIS PROCESS. WE ARE CHANGING THE BUSINESS NAME FROM TDR FINANCIAL SERVICES INC TO MIAMI TAX & AUDIT LLC.

THANK YOU FOR TIME. PLEASE REACH OUT TO ME IF YOU HAVE ANY QUESTIONS OR CONCERNS