# L23000397341

(F	Requestor's Name)	
	Address)	
(4	Address)	
((	City/State/Zip/Phone #)	
	•	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
, i	ousiless citily Name)	
	Document Number)	
Certified Copies	Cartificates of	Statue
- Certified Copies	Celtificates of	<u></u>
Special Instructions to F	ilina Officer:	





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PH 4: 40 O FALLAHASSE

RECEIVED

## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



#### **ORDER FORM**

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE, 8/24/2023

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1174294

ORDER ENTITY

BUSINESS FOR AMERICAS LLC

# PLEASE PERFORM THE FOLLOWING SERVICES: BUSINESS FOR AMERICAS LLC (FL)

File the attached conversion document

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, August 24, 2023 Page 1 of 1

### **COVER LETTER**

TO:	New Filing ! Division of (	Section		
SUBJ	ECT: Busines	ss For Americas LLC		
		(Name of R	esulting Florida Limited	Company)
	ooo Entry me	o a Fiorida Limited L	Liability Company	and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
r icasi	retum ell con	respondence concernis	ng this matter to:	
Leticia	Zembre			
Busin	ess For America	(Contact Person)		
		(Firm/Company)		
<b>4</b> 611	S University Dri	• •		
		(Address)		
Davie	, Florida, 33328			
redive	(gincserv.com	City, State and Zip Code)		
		oc used for future annual re	most matificantia.	
		on concerning this ma	•	
	<u> </u>		_at ()	
	(Name of Contr	act Person)	(Area Code) (D	Paytime Telephone Number)
Enclos dollars	sed is a check to s and drawn on	for the following amou a bank located in the	nt: (All checks proce United States)	essed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	Certified Copy, and Certificate of Status
	Mailing Addi New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	New Divi The 2415	et Address:  / Filing Section sion of Corporations Centre of Tallahassee i N. Monroe Street, Suite 810 thassee, FL 32303

#### Articles of Conversion

For

#### "Other Business Entity"

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:  Business For Americas LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
9/26/2016 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Business For Americas 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.)
Note: If the date inserted in this block does not meet the applicable statutory filling 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 22nd day of	of August	2023
Signature of Authorized R	tepresentative of Lim	ited Lightly Company:
Signature of Authorized De	nencantativa.	
Signature of Authorized Re Printed Name: Leticia Zambra	prescriumive.	Title: Manager
Signature(s) on behalf of O	the Business Entity;	[See below for required signature(s)]
Signature:Printed Name: Letleis Zambre		
Signature:	for the	Title: Manager
LUMEG Mame: Fercie Sample	· · · · · · · · · · · · · · · · · · ·	1 Hic: wanage:
Signature:		
		Title:
Signature:		AND P. B.
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:	<del> </del>	Title;
Printed Name:		litte:
Signature:		
Printed Name:		Title:
If Florida Corporation:	Chairman Diseator on	Officer.
Signature of Chairman, Vice If Directors or Officers have		
II Directors of Officers have	, not been soldered, an in	oo porator maar argin
If Florida General Partner		ty Partnership:
Signature of one General Pa	riner.	
If Florida Limited Partner	-hin or Limited Liabili	ty Limited Partnership:
Signatures of ALL General	Partners.	Ty Dimitto a manufaction.
organization of the same		
All others:		
Signature of an authorized p	erson.	
Fees:		
<u> </u>		
Articles of Convers		\$25.00
	ticles of Organization:	\$125.00 \$30.00 (Ontional)
Certified Copy: Certificate of Statu	e.	\$30.00 (Optional) \$5.00 (Optional)
CELITICATE OF STATE	<b>.</b>	aning (obusimi)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	ame:	
	Limited Liability Compan	y is:
Business For Ame		
(	Must contain the words "Limited L	iability Company, "L.L.C" or "LLC.")
ARTICLE II - A	Address:	
The mailing add	ress and street address of the	he principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
7950 NW 53 Stre	et	7950 NW 53 Street
Suite 337		Suite 337
Miami, Florida, 33	3166	Miami, Florida, 33166
	Incorporating Services, L	td. Name
	1540 Glenway Drive	
		(P.O. Box NOT acceptable)
		(P.O. Box <u>NOT</u> acceptable) FL 32301
	Florida street address	32301

(CONTINUED)

#### ARTICLE IV-

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

AMBR" = Authorized Member MGR" = Manager	Name and Address:
MGR	Leticia Zambra
	7950 NW 53 Street, Suite 337
	Miami, Florida, 33166
<del></del>	
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance wany false information submitted in a document of the secondary false in the secondary false in the secondary false in the second	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance wany false information submitted in a document provided for in s.817.155, F.S.	in authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the to the Department of State constitutes a third degree fek
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, F.S.  Leticia Zambra	with section 605.0203 (1) (b), Florida Statutes. I am aware the to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, F.S.  Leticia Zambra	

2023 A. 24 PM 5:4