123000423605

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
1123000102564

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06/26/23--01043--004 **150.00

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2023

FRANK ACOSTA 10587 SW CAPITIVA DR PORT SAINT LUCIE, FL 34987

SUBJECT: ACOSTA INVESTMENTS LLC

Ref. Number: W23000102564

New obcuments attached.

FA ..

We have received your document for ACOSTA INVESTMENTS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P13000063041.

The alternative name you choose will be connected to the Illinois business.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen Lovelace Regulatory Specialist III

Letter Number: 923A00016896

COVER LETTER

	New Filing Se Division of Co							
SUBJE	CT. Acosta C	apital Investments LLC						
SOBGE		(Name of Resi	ulting Florida Lin	nited Con	npany)	_		
			•		d fees are submitted to eccordance with s. 605.1		ı "Oth	er
Please r	eturn all corre	spondence concerning	g this matter to	:				
Frank A	costa							
		(Contact Person)						
Acosta (Capital Investm	ents LLC						
		(Firm/Company)		_				
10587 S	SW Captiva Dr.							
		(Address)		_				
Port Sai	int Lucie, FL 34	987						
	(0	City, State and Zip Code)		_				
llcacosta	ainvestments@	gmail.com						
E-ma	il Address: (to b	e used for future annual rep	port notifications)	•				
For furt	her information	on concerning this mat	ter, please call	:				
Frank A	costa		at (⁶⁴⁶	_\ 610-	1588			
	(Name of Conta	ct Person)	_ \	le) (Day	ytime Telephone Number)	_		
		or the following amou a bank located in the	•	proces	sed by this office must t	oe payable	in US	3
(\$25 for (00 Filing Fees Conversion for Articles ization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	SECRETA	2023 SEP -	1
	Mailing Addi New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The 0 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite	RY OF STATE PASSEE, FLO 810	-1 PM 11: 24	Same di

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. T	The "Other Business Entity" is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First	organized, formed or incorporated under the laws of
on N	May 27, 2021
	date of organization, formation or incorporation)
3. T	he name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Acos	sta Capital Investments LLC
	(Enter Name of Florida Limited Liability Company)
	f not effective on the date of filing, enter the effective date:
the o	e effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after date this document is filed by the Florida Department of State.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
5. Tl	he plan of conversion has been approved in accordance with all applicable statutes.
	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 11	day of August	20_23	
Signature of Auth	orized Representative o	f Limited Liability Company:	
Signature of Autho Printed Name: Frank	rized Representative: Acosta	Title: MGR	
		ntity: [See below for required signa	
Signature:	Jamin- Storte-	 .	
Printed Name: Frank	< Acosta	 Title: MGR	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
_	nan, Vice Chairman, Direc	tor, or Officer. , an Incorporator must sign.	
If Florida General Signature of one Ge	Partnership or Limited in eneral Partner.	Liability Partnership:	
If Florida Limited Signatures of ALL		Liability Limited Partnership:	
All others: Signature of an auth	norized person.		
Fees:			13.E

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:	
	imited Liability Compan	y is:
Acosta Capital Inve	stments LLC	
(M	ust contain the words "Limited L	iability Company, "L.L.C" or "LLC,")
ARTICLE II - Ad	ddress:	
The mailing addre	ss and street address of t	he principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
10587 SW Captiva	Dr.	10587 SW Captiva Dr.
Port Saint Lucie, FL	. 34987	Port Saint Lucie, FL 34987
(The Limited Liability C business entity with an		tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
		Name
	10587 SW Captiva Dr.	
	riorida street address	(P.O. Box <u>NOT</u> acceptable)
	Port Saint Lucie	FL 34987
	City	Zip

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 (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Frank Acosta
MGN	10587 SW Captiva Dr.
	Port Saint Lucie, FL 34987
	7 377 34111 23339 7 2 3 1333
AMBR	Marlin Beato
	10587 SW Captiva Dr.
	Port Saint Lucie, FL 34987
<u>—</u>	
	<u></u>
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LE V: Other provisions, if any. REQUIRED SIGNATURE:	SECR. 17/1: 1803-18
LE V: Other provisions, if any. REQUIRED SIGNATURE:	SECRETARIA -
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I amaware
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member

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)