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(R	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
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## **COVER LETTER**

TO:	New Filing Se Division of Co							
SHBJ	FCT. GENESIS	S AUTO BODY LLC						
3000		(Name of Res	ulting Florida Limi	ted Com	pany)	-		
			_		d fees are submitted to cocordance with s. 605.10		n "Othe	r
Please	return all corre	spondence concerning	g this matter to:					
	NEFTAL	I REYES FLORES						
		(Contact Person)		=				
	GENES	IS AUTO BODY INC						
		(Firm/Company)		-				
	4471 N	IW 19TH AVE						
	· · · · · · · · · · · · · · · · · · ·	(Address)		_				
	OAKLAND	PARK, FL, 33309						
		ity, State and Zip Code)		_				
		F@GMAIL.COM						
E-n	nail Address; (to be	used for future annual rep	port notifications)	<del>-</del>				
For fu	rther information	on concerning this mat	tter, please call:					
NEI	TALI REYES FL	ORES	_at (	839~	4766			
	(Name of Contac	et Person)	(Area Code	) (Day	time Telephone Number)	-		
		or the following amou a bank located in the		orocess	ed by this office must b	e payabl	e in US	
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles mization)	■\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co		□\$185 00 Filing Fees, Certified Copy, and Certificate of Status	SECRETAS TALLAHA	2023 SEP -6	
	Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C 2415	Address: Filing Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite massee, FL 32303	Y OF STATE	5 AM 8: 01	D

#### **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.

(Enter Name of	Other Business Entity)
2. The "Other Business Entity" is a CORPOR	
(Enter entity type: Example: corporation	on, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under	FLORIDA
That organized, formed of incorporated under	(Enter state, or if a non-U.S. entity, the name of the country)
06/08/2018	
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:
GENESIS A	AUTO BODY LLC
(Enter Name of Florida I	imited Liability Company)
	······································
4. If not offective on the date of filing onter	,
the date this document is filed by the Flori	the effective date:  e of receipt or filed date nor more than 90 calendar days after da Department of State.) he applicable statutory filing requirements, this date will not be listed as the
(The effective date: Cannot be prior to date the date this document is filed by the Flori Note: If the date inserted in this block does not meet to	the effective date:  e of receipt or filed date nor more than 90 calendar days after da Department of State.)  he applicable statutory filing requirements, this date will not be listed as the s records.
(The effective date: Cannot be prior to date the date this document is filed by the Flori Note: If the date inserted in this block does not meet to document's effective date on the Department of State's.  5. The plan of conversion has been approved	the effective date:  e of receipt or filed date nor more than 90 calendar days after da Department of State.)  he applicable statutory filing requirements, this date will not be listed as the streeords.  in accordance with all applicable statutes.  as agreed to pay any members having appraisal rights the amount to

Signed this	s <u>30TH</u>	day of AUGUST		2023
Signature	of Author	ized Representativ	e of Limite	ed Liability Company:
Signature	of Authoriz	ed Representative:	nestal	Tille: PRESIDENT
				ce below for required signature(s)]
Signature: Printed Na	me: NEF/AI	Hali Roja I REYES FLORES	0	Title: PRESIDENT
Signature:				
Printed Na	me:			Title:
Signature:				
Printed Na	me:			Title:
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Signature: Printed Na	ime:			Title:
		· · · · · · · · · · · · · · · · · · ·		
Printed Na	ime:	<u></u>		Title:
Signature		on: 1. Vice Chairman, Di 1. Shave not been selec		
	General Pa of one Gene	artnership or Limite ral Partner.	ed Liability	Partnership:
		urtnership or Limite meral Partners.	ed Liability	Limited Partnership:
All others Signature		ized person.		
Fees:				
Fe Ce	ticles of Co es for Flori ertified Cop ertificate of	da Articles of Organ y:	nization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:			
The name of the Limited Liability Company is:			
GENESIS AUTO B			
(Must contain the words "Limited Liability	Company,	'L.L.C.," or "L.L.C.")	
ARTICLE II - Address:			
The mailing address and street address of the pri	incipal of	fice of the Limite	d Liability Company is:
Principal Office Address:	Mailing	Address:	
4471 NW 19TH AVENUE	4471 N	W 19TH AVENUE	
OAKLAND PARK, FL, 33309		ND PARK, FL, 333	09
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent.	You must designate an	
NEFTALI REYES F	LORES		
Name			
4471 NW 19TH AV	'ENUE		
Florida street address (P.O.	. Box <u>NO</u>	T acceptable)	
OAKLAND PARK	FL	33309	
City		Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as registered Agent's Sign	this certifity. I further formand agistered agistered agisture (RI	ficate, I hereby ac her agree to comp ice of my duties, a gent as provided fo	vept the appointment as ly with the provisions of all nd I am familiar with and
(CONTIN	UED)		8: 0.

D	T	C	L	 W.
 п				

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

Title:	
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	NEFTALI REYES FLORES
	4471 NW 19TH AVENUE
	OAKLAND PARK, FL, 33309
·	
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:	71.2/1.0
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	Fali RADIO
LE V: Other provisions, if any.	Fali Rfois
REQUIRED SIGNATURE:  Signature of a member of	or an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	or an authorized representative of a member nee with section 605.0203 (1) (b). Florida Statutes, I am aware segment to the Department of State constitutes a third degree to
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	or an authorized representative of a member nee with section 605,0203 (1) (b). Florida Statutes, I am aware segment to the Department of State constitutes a third degree for
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordar any false information submitted in a document as provided for in s.817.155, F.S.	or an authorized representative of a member nee with section 605,0203 (1) (b). Florida Statutes, I am aware reument to the Department of State constitutes a third degree to the Francisco of State constitutes as the degree to the Francisco of State constitutes as the degree to the Francisco of State constitutes as the degree to the Francisco of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the degree to the state of State constitutes as the state of
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REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordancy false information submitted in a document as provided for in s.817.155, F.S.	or an authorized representative of a member nee with section 605,0203 (1) (b). Florida Statutes, I am aware neument to the Department of State constitutes a third degree for EFTALI REYES FLORES