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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: New Filing So Division of C						
SUBJECT: Atkamire	Holdings, LLC					
SUBJECT:	(Name of Res	sulting Florida Li	nited Con	npany)	_	
The enclosed Article: Business Entity'' into	s of Conversion. Artic a "Florida Limited Li	les of Organization	ation, an ny" in a	d fees are submitted to coordance with s. 605.1	convert a 045, F.S	an "Other
Please return all corre	espondence concernin	g this matter to):			
Ignacio J. Segurola, Es	sq					
	(Contact Person)					
Ignacio J. Segurola, P.	Α					
***	(Firm/Company)					
260 Crandon Blvd., Su	iite 32 #136					
	(Address)					
Key Biscayne, Florida	33149					
	City, State and Zip Code)					
ijsegurola@segurolala	w.com					
E-mail Address: (10 b	e used for future annual re	port notifications)			
For further information	on concerning this ma	tter, please cal	1:			
Ignacio J. Segurola		_at (<u>305</u>) ²⁹⁹⁻	8708 <u> </u>		
(Name of Conta	ect Person)	(Area Co	de) (Day	ytime Telephone Number)		
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	int: (All check United States)	s proces	sed by this office must	be payab	le in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C	ng Fees lopy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit hassee, FL 32303		2028 SEP 18 PM 1
INHS11 (7/17)					J:	1: 56

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion a	nd attached Article	s of Organization are	e submitted to c	convert the fo	llowing	
"Other Business Entity" int	to a Florida Limited	Liability Company	in accordance	with s.605.10)45. Florid	la
Statutes						

Statutes.		
1. The name of the "Other Business Entity" immediately prior to the filing of the Article Abokatuen Langela, Inc.	es of Cor	iversion is:
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common	n law or bi	isiness trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the	name of th	ne country)
on 04/07/2010		
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	cles of O	rganization:
Atkamire Holdings, LLC		
(Enter Name of Florida Limited Liability Company)		
4. If not effective on the date of filing, enter the effective date: 9/13/2023		
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 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 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.		
 The "Converted or Other Business Entity" has agreed to pay any members having apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	al rights	the amount to
	7.	202
		2022 SEF
	••••	- 8
	- ,	E P

Signed this 13th day of September	_20 <u>_23</u>
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Printed Name: Ignacio J. Segurola	Title: MGR
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)
Signature:	
Signature: Printed Name: Ighaeio J. Segurola	Title: President
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Fittled Name.	
Signature: 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 Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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 1 - Name: The name of the Limited Liability Company is	ς.	
The name of the Entitled Elability Company is		
Atkamire Holdings, LLC		
(Must contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the I	orincipal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
260 Crandon Blvd.	260 Crandon Blvd.	
Suite 32 #136	Suite 32 #136	
Key Biscayne Florida 33149	Key Biscayne Florida 3314	9
The name and the Florida street address of the Ignacio J. Segurola, Esq.		
Nan	ne	
881 Ocean Drive #18E	<u> </u>	
Florida street address (P.	O. Box <u>NOT</u> acceptable)	
Key Biscayne	FL ³³¹⁴⁹	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as recept the Registered Agent's Signature.	in this certificate. I hereby accurate. I further agree to complete performance of my duties, and egistered agent as provided for gnature (REQUIRED)	cept the appointment as ly with the provisions of all nd I am familiar with and
		Ω: π

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

Title:	
"AMBR" = Authorized Membe	er
"MGR" = Manager	
MGR	Ignacio J. Segurola, Esq.
	260 Crandon Blvd. Suite 32 #136
	Key Biscayne Florida 33149
AMBR	Mairelys Segurola
AMBR	260 Crandon Blvd. Suite 32 #136
	Key Biscayne Florida 33149
AMBR	Gabriel I. Segurola
	260 Crandon Blvd. Suite 32 #136
	Key Biscayne Florida 33149
(Use attachment if necessary) LE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a membrane document is executed in accounted in a	Der or an authorized representative of a member ordance with section 605.0203 (1) (b). Florida Statutes. I am aware a document to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a membrany false information submitted in	Der or an authorized representative of a member ordance with section 605.0203 (1) (b). Florida Statutes. I am aware a document to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a membratis document is executed in accounty false information submitted in as provided for in s.817.155, F.S. Ignacio J. Segurola, Esq.	Der or an authorized representative of a member ordance with section 605.0203 (1) (b). Florida Statutes. I am aware a document to the Department of State constitutes a third degree fe
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REQUIRED SIGNATURE: Signature of a membratis document is executed in accounty false information submitted in as provided for in s.817.155, F.S. Ignacio J. Segurola, Esq. S125.00 Filing Fee for Art	Der or an authorized representative of a member ordance with section 605.0203 (1) (b). Florida Statutes. I am aware a document to the Department of State constitutes a third degree fe Filing Fees ticles of Organization and Designation of Registered
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