L23000487674

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
64/64/23
04/04/23

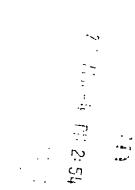
Office Use Only



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W



March 1, 2023

DOMINIC BISCEGLIA 237 ALCAZAR AVE CORAL GABLES, FL 33134 US

SUBJECT: MOONEERAM + SERRES + VIVANCO PA LLC

Ref. Number: W23000028061

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

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The name of the entity cannot include "PA." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 423A00004777

RESPONSE TO THIS

NOTICE ENCLOSED.

CHECK PMT SENT W/ OCIGINAL
SUBMISSION.

COVER LETTER

TO:	New Filing S Division of C				
CLID		ram + Serres + Vivanco	PA LLC		
SUB	JECT:		sulting Florida Li	mited Cor	mpany)
					nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to) :	
Domi	nic Bisceglia				
DBCS	SIIC	(Contact Person)			
		(Firm/Company)		_	
237 A	Jcazar Avenue				
		(Address)			
Coral	Gables FL 3313	4			
-	(+	City, State and Zip Code)		_	
db@d	lbcsadvisory.com	1			
E-1	nail Address: (to b	e used for future annual re	port notifications)	
For fi	ırther informati	on concerning this ma	tter, please cal	l:	
Domir	nic Bisceglia		_at (<u>305</u>	\902-	3227
	(Name of Conta	ict Person)	(Area Coo	Je) (Day	time Telephone Number)
		for the following amou a bank located in the		s process	sed by this office must be payable in US
(\$25 fc & \$12:	i0.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Fili and Certified C		□\$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 Division	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, 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 Mooneeram + Serres + Vivanco, PA	Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a FL Profit Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law of the composition of the comp	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law	or business trust, etc.)
First organized, formed or incorporated under the laws of	of the country)
Dec 4, 2017	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	f Organization:
Mooneeram + Serres + Vivanco LLC	
(Enter Name of Florida Limited Liability Company)	
01/01/2022 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 cale 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 reduce the document's effective date on the Department of State's records.	
document seriective date on the peparament of oldie processes.	
5. The plan of conversion has been approved in accordance with all applicable statutes.	200
 The "Converted or Other Business Entity" has agreed to pay any members having appraisal rig which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	-2-
	2
	(A

gned this 1 day of January	_20
ignature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:	
Signature of Authorized Representative: Printed Name: Karen Mooneeram	Title: Owner
Signature(s) on behalf of Other Business Entity: [
Signature: afrow Ho	
Printed Name: Karen Mooneeram	Title: Owner
Signature:	
Printed Name Jeremy Series	Title: Owner
• •	Title.
Signature:	
Printed Namer Maria Vivanco	Title: Owner
0:	
Signature:Printed Name:	Title:
Finited Name,	- Trice.
Signature:	
Printed Name:	Title:
Signature:	Tisla.
Printed Name:	_ Tute:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
	o no a callina
If Florida General Partnership or Limited Liabilit	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
-	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

2777. 27-4 PH 2154

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mooneeram + Serres + Vivanco Ll		
(Must contain the wo	"Limited Liability Company, "L.L.C" or "LLC.")	
ARTICLE II - Address:		
The mailing address and street a	lress of the principal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
200 S Andrews Ave	200 S Andrews Ave	
0 11 500		
Suite 502	Suite 502	
Fort Lauderdale, FL 33301 ARTICLE III - Registered Ag	Fort Lauderdale, FL 33301 t, Registered Office, & Registered Agent's Signatur	e: 23
Fort Lauderdale, FL 33301 ARTICLE III - Registered Ag (The Limited Liability Company cannot se business entity with an active Florida reg	t, Registered Office, & Registered Agent's Signatur as its own Registered Agent. You must designate an individual or another	e: 2003 f. 20 4 5
Fort Lauderdale, FL 33301 ARTICLE III - Registered Ag (The Limited Liability Company cannot se business entity with an active Florida reg	t, Registered Office, & Registered Agent's Signatur as its own Registered Agent. You must designate an individual or anotherion.)	
Fort Lauderdale, FL 33301 ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street	t, Registered Office, & Registered Agent's Signatur as its own Registered Agent. You must designate an individual or anotherion.)	PH 2:
Fort Lauderdale, FL 33301 ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street	t, Registered Office, & Registered Agent's Signatur as its own Registered Agent. You must designate an individual or anothention.) dress of the registered agent are: Name	72
Fort Lauderdale, FL 33301 ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street DBCS LLC 237 Alcazar	t, Registered Office, & Registered Agent's Signatur as its own Registered Agent. You must designate an individual or anothention.) dress of the registered agent are: Name	PH 2:
ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street DBCS LLC 237 Alcazar	Fort Lauderdale, FL 33301 t, Registered Office, & Registered Agent's Signatur as its own Registered Agent. You must designate an individual or anothention.) dress of the registered agent are: Name	PH 2:

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-

Karen Mooneeram

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	MOONEEDAM KAREND FOO
MGR	MOONEERAM, KAREN R, ESQ
	200 South Andrews Ave SUITE 502
	Fort Lauderdale, FL 33301
AMBR	SERRES, JEREMY F, ESQ
	200 South Andrews Ave SUITE 502
	Fort Lauderdale, FL 33301
AMBR	VIVANÇO, MARIA ADELA
	200 South Andrews Ave SUITE 502
	Fort Lauderdale, FL 33301
	•
(Use attachment if necessary)	
LE V: Other provisions, if any.	· ·
) 1 <i>h</i>
REQUIRED SIGNATURE:	you
·	
·	
This document is executed in accordance w	authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes. I am aware
and false in Commercial authorities in a decrease	int to the Department of State constitutes a third degree fe

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)