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(Re	questor's Name)	
(Ad	dress)	
(Âd	dress)	- ·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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October 20, 2023

New Filing Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

RE: Filing Articles of Conversion

Infrared Alliance LLC

LZ order # 568297028



Dear Sir or Madam:

Attached for filing please find the Articles of Conversion of the above-referenced corporation. Enclosed, please find a check for \$180.00 for the filing fee and certified copy fee. Please process this application as quickly as possible and send the filed copy to me at the address below:

Legalzoom.com. Inc. 101 N Brand Blvd 11th Floor Glendale, CA 91203

If you have any questions, please call me at (800) 773-0888 x9724. Thank you for your help in this matter.

Sincerely.

Cheyenne Moseley LegalZoom.com

COVER LETTER

Division of C						
SUBJECT: Infrared	Alliance LLC					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of Re	sulting Flor	ida Limit	ed Cor	npany)	<u> </u>
					d fees are submitted to coordance with s. 605.	
Please return all corre	espondence concernin	g this ma	tter to:			
Cheyenne Moseley						
	(Contact Person)					
Legalzoom.com, Inc.						
	(Firm/Company)					
101 N Brand Blvd 11th F	1					
	(Address)					
Glendale, CA 91203						
(0	City, State and Zip Code)					
ari.olivo09@gmail.com						
E-mail Address: (to b	e used for future annual re	port notific	ations)			
For further information	on concerning this ma	tter, pleas	se call;			
Cheyenne Moseley		_at (, 773-C	0888	
(Name of Conta	ct Person)	(Ar	ea Code)	/(Day	time Telephone Number)	_
	or the following amou a bank located in the			rocess	sed by this office must	be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		00 Filing itied Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADDRESS New Filing Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle		New Fi Divisio P. O. B	ling S n of C ox 63:	orporations	2023 July 21 11. 2:

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 Corporation	
(Enter entity type. Example: corporation, limited partnership, general partnership, com	
First organized, formed or incorporated under the laws of	
(19/27/2023	the name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached A	rticles of Organization:
Intrared Alliance 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 the date this document is filed by the Florida Department of State.)	190 calendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records.	date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statutes	S.
 The "Converted or Other Business Entity" has agreed to pay any members having appr which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	aisal rights the amount to
	202
	2023 6
	- 22
	~.

Signed this day of	20_23
Signature of Authorized Representative of Limit	ed)Liability Company:
Signature of Authorized Representative: Printed Name: Arismil Olivo	Title: Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: Arismil Olivo	Title: President
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	<u>.</u> .
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

A	R	TI	\mathbf{C}	LE	IV.

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

Arismil Of PO Box 13 Clermont, See attachment if necessary) EQUIRED SIGNATURE: Signature of a member or an authorized this document is executed in accordance with section 605.6 my false information submitted in a document to the Departs provided for in s.817.155, F.S. Arismil Olivo Typed or printed to Filing	d Address:
Signature of a member or an authorized his document is executed in accordance with section 605. In false information submitted in a document to the Departs provided for in s.817.155, F.S. Arismil Olivo Typed or printed to	vo
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Typed or printed it	203 (1) (b), Florida Statutes, I am aware nent of State constitutes a third degree f
Typed or printed it	arme of signer
	ame of signee
	ices
\$125.00 Filing Fee for Articles of Organization	
	5.00 Certificate of Status (Option

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:	LOKIDA LIMITE	D LIABILITY COMPAINT	
The name of the Limited Liability Company i	s:		
Infrared Alliance LLC			
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or	"LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the	e Limited Liability Company is:	
Principal Office Address:	Mailing Address	<u>s:</u>	
235 Lobelia Dr.	PO Box 136494		
Davenport, FL 33837	Clermont, FL 34713	3	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.) The name and the Florida street address of the	ristered Agent, You must de	signate an individual or another	
Arismil Olivo Nan	ne		
235 Lobelia Dr. Florida street address (P.)	O Poy NOT googate	<u> </u>	
Florida Street address (F.)	о. вох <u>кот</u> ассеріа	oie)	
Davenport	FL 33837		
City	Zip		
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as refered Agent's Signature (CONTI)	in this certificate, I he acity. I further agree to performance of my degistered agent as programmer (REQUIRED	reby accept the appointment as to comply with the provisions of all luties, and I am familiar with and ovided for in Chapter 605, F.S Arismil Olivo	