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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

TO: New Filing : Division of	Section Corporations						
SHRIFCT, PMG C	OMMUNICATIONS LLC						
		sulting Florida Lim	ited Cor	npany)			
	es of Conversion, Artic o a "Florida Limited L	_					ier
Please return all cor	respondence concernir	ig this matter to:					
PABLITO SINCHE							
	(Contact Person)		_				
PMG COMMUNICAT	IONS LLC						
	(Firm/Company)		_				
14079 STERELY CT	S						
	(Address)		_				
JACKSONVILLE. FL	32256						
(City, State and Zip Code)		_				
pmgcom	munications1@gmail.c	om					
E-mail Address: (to	be used for future annual re	eport notifications)	_				
For further informat	ion concerning this ma	itter, please call:					
PAULA_SINCE		_at (_)	- 4188			
(Name of Cont	act Person)	(Area Code) (Day	rtime Telephone Number)			
	for the following amou a bank located in the		oroces:	sed by this office mus	t be paya	ıble in US	\$
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status	9	7023 NOV -7	
Mailing Add New Filing S Division of C P.O. Box 63. Tallahassee.	Section Corporations 27		New Divis The C 2415	t Address: Filing Section ion of Corporations lentre of Tallahassee N. Monroe Street, Sui nassee, FL 32303	te 8 10		

COVER LETTER

TO:	New Filing S Division of C						
SHR	JECT: PMG CC	MMUNICATIONS LLC					
., (1)		(Name of Re	sulting Florida Lim	ited Cor	npany)		
					nd fees are submitted t ecordance with s. 605		er
Please	e return all corr	espondence concernir	ng this matter to:				
PABL	ITO SINCHE						
		(Contact Person)		_			
PMG	COMMUNICATION	ONS LLC					
		(Firm/Company)		·			
14079	STERELY CT S	S					
		(Address)		_			
JACK	SONVILLE, FL	32256					
	((City, State and Zip Code)		_			
	pmgcomr	munications1@gmail.c	om				
E-r	nail Address: (to b	e used for future annual re	eport notifications)				
For fu	orther information	on concerning this ma	tter, please call:				
	PAULA SINCHI (Name of Conta		_at (_)	- 4188		
	(Name of Conta	eccresson)	(Area Code	(Day	time reteptione Number)		
		or the following amou a bank located in the		process	sed by this office must	be payable in US	
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles onization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co	-	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	2023 MOV -7	t
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee. I	ection orporations 7		New I Divisi The C 2415	t Address: Filing Section fon of Corporations Centre of Tallahassec N. Monroe Street, Sui	PHIZ (T T T T T T T T T T T T T T T T T T T

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Ar PMG COMMUNICATIONS LLC	ticles of Conversion is:
(Enter Name of Other Business Entity)	 ,
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type, Example: corporation, limited partnership, general partnership, corporation.	
(Enter entity type. Example: corporation, limited partnership, general partnership, cor	mmon law or business trust, etc.
First organized, formed or incorporated under the laws of	, the name of the country)
JANUARY 14, 2022 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached A PMG COMMUNICATIONS LLC	Articles of Organization:
(Enter Name of Florida Limited Liability Company)	<u> </u>
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 that 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 document's effective date on the Department of State's records.	in 90 calendar days after
5. The plan of conversion has been approved in accordance with all applicable statute	es.
 The "Converted or Other Business Entity" has agreed to pay any members having appropriate which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	oraisal rights the amount to

(Signed this <u>20</u> day of <u>0ctober</u>	2023		
Signature of Authorized Representative of Lim			
Signature of Authorized Representative: X Printed Name: PABLITO SINCHE	Title: AMBR	_	
Signature(s) on behalf of Other Bisiness Entity: Signature: X Printed Name: PABLITO SINCHE	[See below for required signature(s)]		
Printed Name: PABLITO SINCHE	Title: AMBR	_ _	
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 If Directors or Officers have not been selected, an In			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:		
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.		2023 5	
Fees:		2023 KOY	H
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	-7 PHI2: 29	TO

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
PMG COMMUNICATIONS LLC (Must contain the words "Limited Liability	y Company "L.I. C." or "ELC")
Think committee which is a second	y company. The same or The same
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14079 STERELY CT S	14079 STERELY CT S
JACKSONVILLE. FL 32256	JACKSONVILLE, FL 32256
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another
PABLITO SINCHE	
Name	2
14079 STERELY CT S	
Florida street address (P.O.	
JACKSONVILLE	FL 32256
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited in this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of alperformance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605; F.S

(CONTINUED)

ARTICLE IV-

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				
AMBR	PABLITO SINCHE			
	14079 STERELY CT S			
	JACKSONVILLE, FL 32256			
		·		
				
				
				
				
(Use attachment if necessary)		<i>5-3</i>		
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		:- 1	202	
RTICLE V: Other provisions, if any.		<u>f-</u>	2023 NOV	-
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			<u>.</u>	
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<u>required</u> signature: _A			er Ga	
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~ SIA) 10/41=	·			

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

PABLITO SINCHE

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)