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

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### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: MIC Insurance Services, LLC		
(Name of	Resulting Florida Limited C	ompany)
The enclosed Articles of Conversion, As Business Entity" into a "Florida Limited		and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all correspondence concer	ning this matter to:	
Chris Wasko		
(Contact Person)	<del></del>	
MIC Insurance Services, LLC		
(Firm/Company)		
2701 South Daytona Avenue		
(Address)	-	
Flagler Beach, FL 32136		
(City, State and Zip Coo	le)	
cwasko@mic-ins.com		
E-mail Address: (to be used for future annua	Il report notifications)	
For further information concerning this	matter, please call:	
Chris Wasko	at ( <u>717</u> ) <u>38</u>	5-3937
(Name of Contact Person)	(Area Code) (E	Paytime Telephone Number)
Enclosed is a check for the following an dollars and drawn on a bank located in t		essed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  □ \$155.00 Filing Fee and Certificate of Status	es	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Nev Div	eet Address: v Filing Section ision of Corporations Centre of Tallahassee
Tallahassee, FL 32314		5 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# **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 Articles of Conversion is:  MIC Insurance Services, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
05/10/2006 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:
MIC Insurance Services, 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 90 calendar days after 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 not be listed as the 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.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 18th day of October	_ 20 <u>_ <b>23</b></u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: Christopher Wasko	Me
Printed Name: Christopher Wasko	Title: President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
C. Muga-	
Signature: Christopher WASHO	Title: PRESIDENT
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	_ Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
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 Liabili	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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Company	is:	
MIC Insurance Services (Must ee		bility Company, "L.L.C.," or	"L.L.C.")
ADTICLE II. Adda.			
ARTICLE II - Addre The mailing address an		e principal office of the	e Limited Liability Company is:
Principal Office Add		Mailing Addres	
2701 South Daytona Av	enue	2701 South Dayto	ona Avenue
Flagler Beach, FL 3213	6	Flagler Beach, FL	. 32136
The name and the Flor	nris Wasko	he registered agent are	; 
27	01 South Daytona Aver	nue	
F	lorida street address (	P.O. Box NOT accepts	able)
Fla	agler Beach	FL 32136	
	City	Zip	
liability company registered agent and statutes relating to	o at the place designate lagree to act in this can the proper and completions of my position as	ed in this certificate, I h pacity. I further agree ete performance of my	process for the above stated limited ereby accept the appointment as to comply with the provisions of all duties, and I am familiar with and covided for in Chapter 605, F.S

(CONTINUED)

Title:	Name and Address:
Company:	
The name and address of each person	on authorized to manage and control the Limited Liability
ARTICLE IV-	

MGR Chris Wasko  2701 South Daytona Avenue Flagler Beach, FL 32136  Anita Wasko  2701 South Daytona Avenue Flagler Beach, FL 32136  Anita Wasko  2701 South Daytona Avenue Flagler Beach, FL 32136  (Use attachment if necessary)  LE V: Other provisions, if any.	Title:	Name and Address:
Chris Wasko 2701 South Daytona Avenue Flagler Beach, FL 32136  AMBR  Anita Wasko 2701 South Daytona Avenue Flagler Beach, FL 32136  [Use attachment if necessary]  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  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 avany false information submitted in a document to the Department of State constitutes a third degree.	"AMBR" = Authorized Member	
2701 South Daytona Avenue Flagler Beach, FL 32136  Anita Wasko 2701 South Daytona Avenue Flagler Beach, FL 32136  Cuse attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  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 avanty false information submitted in a document to the Department of State constitutes a third degree.	<u> </u>	Chris Wasko
Flagler Beach, FL 32136  Anita Wasko 2701 South Daytona Avenue Flagler Beach, FL 32136  (Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  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 avanty false information submitted in a document to the Department of State constitutes a third degree.	WGR	
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as provided for in s.817.155, F.S.	This document is executed in accordance w	ith section 605,0203 (1) (b), Florida Statutes, I am aware
•	as provided for in s.817.155, F.S.	in to the Department of State constitutes a time negree ic
Christopher Wasko Cu Ma		

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)