# C73000538973

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

Office Use Only



100418938261

11/16/23--01019--010 ++185.00



1/

#### **COVER LETTER**

	New Filing So Division of Co						
SURIE	CT. HOLLY V	VORLD PROPERTY MA	NAGEMENT LLC				
SODJE		(Name of Res	ulting Florida Limi	ted Com	pany)		
					d fees are submitted to c ecordance with s. 605.10		"Other
Please	return all corre	espondence concerning	g this matter to:				
ALEJAN	NDRO QUIROZ						
		(Contact Person)	-	_			
HOLLY	WORLD PROF	PERTY MANAGEMENT	LLC				
		(Firm/Company)	-	_			
545 NE	179TH DR						
		(Address)		_			
MIAMI,	FL. 33162						
	((	City, State and Zip Code)		-			
HOLYW	VORLDLLC@G	MAIL.COM					
E-ma	ail Address: (10 b	e used for future annual rep	port notifications)	_			
For fur	ther information	on concerning this mat	iter, please call:				
ALEJAN	NDRO QUIROZ	•	_at ( <sup>305</sup>	522-7	7123		
	(Name of Conta	ct Person)	(Area Code	) (Day	time Telephone Number)		
		or the following amou a bank located in the		process	sed by this office must be	e payable	in US ,
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		■\$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 I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite nassee, FL 32303	810	8:10

### **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 C HOLLY WORLD PROPERTY MANAGEMENT LLC	onversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or	business trust, etc.)
First organized, formed or incorporated under the laws of	(the country)
OCTOBER 28, 2022  (date of organization, formation or incorporation)	•
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of HOLLY WORLD PROPERTY MANAGEMENT LLC	Organization:
(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 calent 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 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.	. r
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal right which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	ts the amount to

Signed this <u>02</u>	day of NOVEMBER	20 <u>2.3</u> .	
Signature of Auth	norized Representative of I	Limited Liability Company:	
Signature of Author Printed Name: ALE	orized Representative: JANDRO QUIROZ	Title: MEMBER	
Signature(s) on be		ty: [See below for required signature(	s)]
Signature:Printed Name: ALE.	JANDRO QUIROZ	Title: MEMBER	
		Title:	<del></del>
Signature: Printed Name:		Title:	
Signature:Printed Name:		Title:	
Signature: Printed Name:		Title:	
Signature: Printed Name:		Title:	
If Florida Corpor Signature of Chair		, or Officer.	
If Florida Genera Signature of one G	l Partnership or Limited Liz eneral Partner.	ability Partnership:	
If Florida Limited Signatures of ALL		ability Limited Partnership:	
All others: Signature of an aut	horized person.		
Fees:			
Articles of	Conversion:	\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
HOLLY WORLD PROPERTY MANAGEMENT LLC	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
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:
545 NE 179TH DR	545 NE 179TH DR
MIAMI, FL. 33162	MIAMI, FL. 33162
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	
The name and the Florida street address of the i	registered agent are:
ALEJANDRO QUIROZ	
Name	e
545 NE 179TH DRIVE	
Florida street address (P.C	Box NOT acceptable)
MIAMI	FL <sup>33162</sup>
City	Zip
Having been named as registered agent and to	o accept service of process for the above stated limite

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-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	ALEJANDRO QUIROZ
	545 NE 179TH DRIVE
	MIAMI, FL 33162
AMBR	JENNIFER QUIROZ
	545 NE 179TH DRIVE
	MIAMI, FL 33162
AMBR	EDGAR QUIROZ
<del></del>	545 NE 179TH DRIVE
	MIAMI, FLORIDA 33162
AMBR	LUCY VICTORIA
<del> </del>	545 NE 179TH DRIVE
	MIAMI, FL. 33162
(Use attachment if necessary)	
LE V: Other provisions, if any.	

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 s.817.155, F.S.

ALEJANDRO QUIROZ

**REQUIRED SIGNATURE:** 

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)