# L24000083973

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

## **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com **FROM** 

Melissa Moreau

mmoreau@incserv.com

850.656.7953

**REQUEST DATE** 02/20/2024

850-245-6051

**PRIORITY** Routine

OUR REF # (Order ID#) Renee

**ORDER ENTITY** 

CoCoCo Advisers and Investments, LLC

#### PLEASE PERFORM THE FOLLOWING SERVICES:

CoCoCo Advisers and Investments, LLC

Please file the attached conversion and subsquent articles of organization.

#### NOTES:

\$150.00 Authorized

Email address for annual report reminders: radiv@incserv.com

### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

SECRETARY OF STATE TALLAHASSEE, FL

FILED

## **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: CoCoCo Advisers and Investments, LLC
(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
(Enter state, or if a non-U.S. entity, the name of the country)
07/27/2017
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CoCoCo Advisers and Investments, LLC  (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)  A To Book A To
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 calificated as 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 14 day of Feb	20_2 4	3-2	
Signature of Authorized Representative of Limit	ed Liability Company:		
Signature of Authorized Representative: Chung	Title: HARGER	_	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]		
Signature: Ohnly Delay Stein	Title: Met do Gan	_	
Signature: Printed Name:	Title:	<del>-</del> 	
Signature:Printed Name:		_	
Printed Name:	Title:	_	
Signature:Printed Name:	Title:	_	
Signature: Printed Name:	Title:	<del></del> 	
Signature:		_	
Frinted Name:	title:	<u> </u>	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C	Officer.		
if Directors or Officers have not been selected, an Inc	corporator must sign.	.s 2	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	2024 FEB SECRETA TALLAH	7
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	20 RY IAS	
All others: Signature of an authorized person.		PH 4: 21 OF STATE SEE, FL	O
Fees:			
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited	Liability Company	is:		
CoCoCo Advisers and Inv				
(Must conta	in the words "Limited Lia	bility Company, "	L.L.C.," or "LLC."	)
ARTICLE II - Address The mailing address and		e principal off	ice of the Limi	ited Liability Company is:
Principal Office Addre	SS:	Mailing	Address:	
17001 Collins Av		17001 Collins Av		
Apt 3404		Apt 340	)4	<del></del>
Sunny Isles Beach, FL 3	3160	Sunny Isles Beach, FL 33160		
The name and the Florid <u>Inc</u>	orporating Services,	<del>-</del>	agent are:	
	0 Glenway Drive			s ~
Flo	rida street address (	P.O. Box <u><b>NO</b></u>	$\underline{\Gamma}$ acceptable)	2024 FEB 20 SECRETARY TALLAHA
<u>Tal</u>	ahassee	FL	32301	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	City		32301 Zip	
liability company a registered agent and a statutes relating to th accept the obligation	t the place designate gree to act in this ca e proper and complo ons of my position as	d in this certif pacity. I furth ete performan eregistered ag	icate, I hereby of er agree to come come of my duties, ent as providea	s for the appointment as accept the appointment as appointment as apply with the provisions of all and I am familiar with and I for in Chapter 605, F.S
Rer	nee T. Kent, Assistant	Secretary 4	OLUNED)	_
ŀ	Registered Agent's S	Signature (RE	QUIKED)	

(CONTINUED)

<u> Citte:</u>	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager NGR	Charles Goldstein
HGIX	17001 COLLINS AV , APT 340
	SINNY IS LES BENCH EL
<del></del>	
Use attachment if necessary)	
EV: Other provisions, if any.	ر. د د د
	<u>D</u>
REQUIRED SIGNATURE:	ARY HAS
	F Pass
	ت الله
Oharles, Sol	ν
	FI FI
Signature of a member or	an authorized representative of a member 1
Signature of a member or This document is executed in accordance	an authorized representative of a member in with section 605,0203 (1) (b), Florida Statutes, I am sware that
Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member in with section 605,0203 (1) (b), Florida Statutes, I am aware that
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  Charles Goldstein; Manager	$ abla^{\mathcal{D}}$

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

ARTICLE IV-