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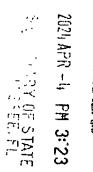
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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T. MATTHEVIS

APR 16 2024



COVER LETTER

TO: New Filing S Division of C				
	•			
SUBJECT: GOTOP	(Name of Res	sulting Florida Limite	ed Con	npany)
		-		
		_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Jason A Garcia				
	(Contact Person)			
GOTOPROS US INC.	LLC			
	(Firm/Company)			
3005 W Lake Mary Blv	vd. Suite 111 PMB 1045			
	(Address)			
Lake Mary, FL 32746				
(1	City, State and Zip Code)			
Jgarcia9472@outlook	.com			
E-mail Address: (to b	oe used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Jason Garcia		at (⁴⁰⁷	914-8	3094
(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
	for the following amou a bank located in the	•	ocess	sed by this office must be payable 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 I and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Admiliana dalah	M0000	•	Samo ca	Addmoon.

Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

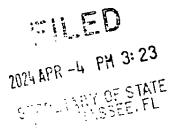
Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Conversion For

"Other Business Entity" Into





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: GOTOPROS US INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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)
11/18/2019 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:
GOTOPROS US 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 1 day of April	_ 20 <u>_ 2</u> 4
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: / (A) Printed Name: Jason A Garcia	$\sim M$
Signature of Authorized Representative: 1044	Title Officer/Director
Printed Name: Jason A Garcia //	71 itte: Onicenbirector
Signature(s) on behalf of Other Business Entity:	
Signature:Printed Name:	711.3
Printed Name:	Little:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Clamatura	
Signature:Printed Name:	Title:
Timed Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	tu Dartnarchin
Signature of one General Partner.	ty rattiership.
Significant of the Continue States.	
<u>If Florida Limited Partnership or Limited Liabili</u>	y Limited Partnership:
Signatures of ALL General Partners.	
All othors	
All others: Signature of an authorized person.	
organical corum adminimod porson.	
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

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITOS COMPANY
ARTICLE I - Name: The name of the Limited Liability Comp	any is:
GOTOPROS US LLC.	
	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3005 W Lake Mary Blvd.	3005 W Lake Mary Blvd.
Suite 111 PMB 1045	Suite 111 PMB 1045
Lake Mary, FL 32746	Lake Mary, FL 32746
business entity with an active Florida registration.) The name and the Florida street address of Jason A Garcia	of the registered agent are:
Jason A Garda	Name
	Name
3005 W Lake Mary Blv	d. Suite 111
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)
Lake Mary	FL 32746
City	Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and an as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	
	_
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
(Ose attachment it necessary)	
CLE V: Other provisions, if any.	
SEE, V. Other provisions, if any.	
REQUIRED SIGNATURE:	, /
REGUINED STORATORE.	\mathcal{M}
(Varion &	Garcia
10001	<u> </u>
S:	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the
any false information submitted in a docur	ment to the Department of State constitutes a third degree fel-
as provided for in s.817.155, F.S.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Jason A Garcia	
Ty_{I}	ped 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)