

L24000181052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/21/24--01008--024 **150.00

2024 FEB 21 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

T. MATTHEWS

APR 22 2024



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2024

SYLVIA ANDINO
1359 SWAN LAKE CIR
DUNDEE, FL 33838 US

SUBJECT: FULL BALANCE, LLC
Ref. Number: W24000043286

We have received your document for FULL BALANCE, LLC and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The converting Florida entity must be active on our records.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews
Regulatory Specialist II

Letter Number: 524A00005783

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FULL BALANCE INSURANCE SERVICES, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Sylvia Andino

(Contact Person)

(Firm/Company)

1359 SWAN LAKE CIR

(Address)

Dundee, FL 33838

(City, State and Zip Code)

sandinoinsurance@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Sylvia Andino

at (321)

430-9827

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

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

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Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Conversion **and attached Articles of Organization** 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:
FULL BALANCE INSURANCE SERVICES, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation S
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida, US
(Enter state, or if a non-U.S. entity, the name of the country)

on 3/9/2019
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

FULL BALANCE 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.)

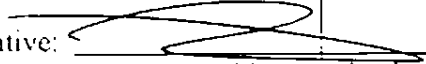
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 3 day of April 20 24

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: Sylvia Andino Title: Authorized Representative

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 
Printed Name: Sylvia Andino Title: President

Signature: 
Printed Name: Jose L. Bauzo Title: Vice-President

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 Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

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

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company," "LLC," or "L.C.")

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

FL 33838

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AP

AR

Name and Address:

Jose R Bauzo

1359 Swan Lake Cir

Dundee, FL 33838

Jose L Bauzo

1359 Swan Lake Cir

Dundee, FL 33838

Sylvia Andino

1359 Swan Lake Cir

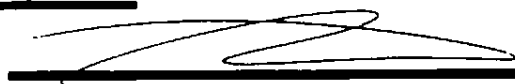
Dundee, FL 33838

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

FULL BALANCE INSURANCE SERVICES, LLC. IS FORMED TO OPERATE AND CONDUCT
ALL BUSINESS ACTIVITIES LEGALLY PERMITTED, AND THE TRANSACTION OF ANY AND
ALL LAWFUL PURPOSES FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED
UNDER THE LAWS OF FLORIDA, US.

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 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.

Sylvia Andino

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)