# L24800215952

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
	(A) (B)	10
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u>.                                      </u>
Certified Copies	_ Certificates	s of Status
		<del></del>
Special Instructions to	Filing Officer:	
		,
		05/07/24





s. CHOTO 426034560

08/20/24--01010--011 \*\*150.00



T.5.H 4/8/24



# Name Release Affidavit

I, Jorge Otte, own Responsive Answering Service LLC with the assigned document number L23000399561. I will not revoke the dissolution and would like to release the name for use.

Thank you,

Je Oh .



## **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Responsive Answering Service, I	LLC	
(Name of Res	sulting Florida Limite	d Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	_	in, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
Jorge Otte		
(Contact Person)		
Responsive Answering Service, LLC		
(Firm/Company)	<u></u>	
2525 Ponce De Leon Blvd, Ste 300		
(Address)		
Coral Gables, FL 33134		
(City, State and Zip Code)		
fhidalgo@ottepolo.com		
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	tter, please call:	
Jorge Otte	at (305	728-8602
(Name of Contact Person)	(Area Code)	728-8602 (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	int: (All checks pi	ocessed 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 and Certified Copy	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	]	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

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. 1645, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Responsive Answering Service, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
08/01/2012 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:
Responsive Answering Service, 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.

Signature of Authorized Representative:  Signature of Authorized Representative:  Printed Name:  Signature(s) on behalf of Other Business Entity:  Signature:  Signature:  Signature:  Title:  Signature:  Printed Name:  Signature:  Printed Name:  Signature:  Printed Name:  Signature:  Printed Name:  Title:  Signature of Chairman, Vice Chairman, Director, or Officer.  If Florida Corporation:  Signature of Officers have not been selected, an Incorporator must sign.  If Florida General Partnership or Limited Liability Partnership:  Signatures of one General Partners.  If Florida Limited Partnership or Limited Liability Limited Partnership:  Signature of an authorized person.  Fees:  Articles of Conversion:  S25.00  Fees for Florida Articles of Organization:  S125.00  Certificate of Status:  S5.00 (Optional)	Signed this 28 day of A pril	20_24		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]  Signature:	Signature of Authorized Representative of Li	mited Liability Company:		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]  Signature:		Wastr -		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]  Signature:	Signature of Authorized Representative:	, all the		
Signature:	Printed Name: Jorge Otte	Title: Manager	_	
Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: Signature: Signature: Printed Name: Signature: Signature: Printed Name: Signature: Signature: Signature: Printed Name: Signature: Signature: Printed Name: Signature of 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 Partners.  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: Fees: Articles of Conversion: Fees for Florida Articles of Organization: \$25.00 Certified Copy: \$30.00 (Optional)	Signature(s) on behalf of Other Business Entity	: [See below for required signature(s)]		
Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: Signature: Signature: Printed Name: Signature: Signature: Printed Name: Signature: Signature: Signature: Printed Name: Signature: Signature: Printed Name: Signature of 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 Partners.  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: Fees: Articles of Conversion: Fees for Florida Articles of Organization: \$25.00 Certified Copy: \$30.00 (Optional)	N.O.		in 👟	
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Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)	Articles of Conversion	\$25.00		
Certified Copy: \$30.00 (Optional)				
		* *		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ted Liability Company	is:	
Responsive Answering (Must co		oility Company, "L.L.C.," or "LLC."	)
ARTICLE II - Address a		principal office of the Lim	ited Liability Company is:
Principal Office Add	ress:	<b>Mailing Address:</b>	
2525 Ponce De Leon Bl Coral Gables, FL 33134		2525 Ponce De Leon Blo Coral Gables, FL 33134	vd, Ste 300
(The Limited Liability Comp. business entity with an active.) The name and the Floring Comp. The name and the Floring Comp.	any cannot serve as its own Re re Florida registration.)	red Office, & Registered Agistered Agent. You must designate the registered agent are:	agent's Signature an individual or another
<u> </u>	rge Otte Na	.me	
<del></del>	25 Ponce De Leon Blvd,		
	·	O. Box NOT acceptable)	
Co	oral Gables	FL <sup>33134</sup> Zip	
	City	Zip	
liability company registered agent and statutes relating to	y at the place designated I agree to act in this cap the proper and comple ations of my position as	l in this certificate, I hereby	nply with the provisions of all and I am familiar with and

(CONTINUED)

## ARTICLE IV-

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

	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager AGR	Jarga Otto
MGR	Jorge Otte 2525 Ponce De Leon Blvd, Ste 300
	Coral Gables, FL 33134
	Coral Gables, 1 E 33134
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E V: Other provisions, if any.	
22 V. Other provisions, it may.	
REQUIRED SIGNATURE:	heat .
	MAT.
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware timent to the Department of State constitutes a third degree for
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Jorge Otte	e with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree for
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