124000358818

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
0 111
Special Instructions to Filing Officer: 05164124
6461 W24000059259

Office Use Only



00/28/24 -01004 -001 **150.00





April 14, 2024

MARTAN ROJAS 3256 SW 25 STREET, #R MIAMI, FL 33133 US

SUBJECT: U.S DOCS & TRAVEL, LLC

Ref. Number: W24000059299

We have received your document for U.S DOCS & TRAVEL, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been:filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., required the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, of an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Rickey L. Richardson Regulatory Specialist II

Letter Number: 724A00008089



COVER LETTER

Division of C	Corporations			
SUBJECT: U.S	DOCS &	travel,	LLC	
		sulting Florida Limited		_
		~	, and fees are submitted to n accordance with s. 605.	
Please return all com	respondence concernin	g this matter to:		
Marta	Rojas			
32565U	Contact Person) 255f. # (Firm/Company)	R		2024 AUG 19
<u> </u>	(Firm/Company)			613
Minosi, F	(Address)			Pi 3: 1
martuchy	City, State and Zip Code) 1. Pagmais be used for ature annual re	l. com		r: 6
	tion concerning this ma			
Marta (Name of Cont	Rojas act Person)	at (786) (Area Code)	H997735 (Daytime Telephone Number)	_
Enclosed is a check		int: (All checks pro	cessed by this office must	be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐S155.00 Filing Fees and Certificate of Status	S180.00 Filing Feand Certified Copy	es S185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add New Filing S	Section	No	reet Address:	
Division of C	Corporations	Di	vision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO: New Filing Section

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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 05/01/2018 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 04/01/2024
(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 19 day of Man	eh 20 24
Signature of Authorized Representati	
Signature of Authorized Representative: Printed Name: <u>Mantal Kofas</u>	fille: President
Signature(s) on behalf of Other Busines	se Entity: [See below for required signature(s)]
Signature:	MS_Title: President
	Title:
	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
If Florida Corporation: Signature of Chairman, Vice Chairman, D If Directors or Officers have not been sele	Director, or Officer.
If Florida General Partnership or Limi Signature of one General Partner.	ted Liability Partnership:
If Florida Limited Partnership or Limi Signatures of <u>ALL</u> General Partners.	ted Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization: \$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:

4.5 Docs & ti			
(Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")	ı	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limi	ted Liability Comp	oany is:
Principal Office Address:	Mailing Address:		
32565W 255t. #R Miami, PL 33/33	32565025 Hiami, PL	st. #R 33133	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)		an individual or another	
The name and the Florida street address of t	_ 0	702	.ລ ພ ວ
Marta	Rojas	51 903 EAS	
N	ame	19	*
3256 SW 2	55t. #R	Pil	
Florida street address (P.O. Box NOT acceptable)	္မယ္	ارج
Miami	FL 33133	19	
City	Zip		
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cast statutes relating to the proper and complacted accept the obligations of my position as	ed in this certificate, I hereby a spacity. I further agree to com ete performance of my duties,	accept the appointmaply with the provision and I am familiar v	nent as ions of all with and
1 1 p 1 1 1 1 2 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1	7	je. in Onapier 000	,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

A	R	ΤI	CI	\mathbf{E}	IV	_

as provided for in s.817.155, F.S.

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

If 1 Polace	
32565W2551.#R Miami, FL 33133	
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	2021,
	2021 KUG 13 Pil
·	Pi1 3.
	
	32565W255f.#K Miami, fl. 33133

yped 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)