

L24000445976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

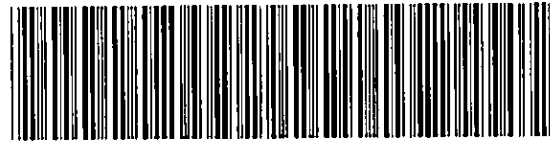
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400431180054

2024 OCT 22 PM 3:47

FILED

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

2330 CLARE DR


(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

Please use funds from this account: I20210000160: \$155.00

(\$25 for Conversion & \$125 for Articles of Organization & \$5 Certificate of Status)

Authorization Signature: 

Business Name: **Avant Assurance, LLC**

Document#

☐ Certified Copy

☒ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

OTHER FILINGS

☐ Apostille

Country

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☒ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Annual Report

☐ Fictitious Name

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437

2330 CLARE DR

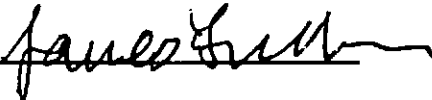
(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

Please use funds from this account: I20210000160: \$155.00

(\$25 for Conversion & \$125 for Articles of Organization & \$5 Certificate of Status)

Authorization Signature: 

Business Name: Avant Assurance, LLC

Document#

☐ Certified Copy

☒ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

OTHER FILINGS

☐ Apostile

Country

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☒ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Annual Report

☐ Fictitious Name

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Avant Assurance, 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:

Raymond McGann, Esq.

(Contact Person)

Perlman, Bajandas, Yevoli and Albright, P.L.

(Firm/Company)

200 South Andrews Avenue, Suite 600

(Address)

Fort Lauderdale, Florida 33301

(City, State and Zip Code)

CorporateFTL@pbvalaw.com

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

For further information concerning this matter, please call:

Raymond McGann

(Name of Contact Person)

at (954) 566-7117

(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)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input checked="" type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

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:
Avant Assurance, Inc.

(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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 09/17/2020
(date of organization, formation or incorporation)

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

Avant Assurance, 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 21st day of October 2024.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____

DocuSigned by:
REINIER CORTES

Printed Name Reinier Cortes Title: President

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

Signature: REINIER CORTES

Printed Name Reinier Cortes Title: President

Signature: _____

Printed Name _____ Title: _____

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)

20241021 15:33

**ARTICLES OF ORGANIZATION
OF
AVANT ASSURANCE, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

In forming a Florida Limited Liability Company (the "Company") under the Florida Revised Limited Liability Company Act, Chapter 605 of the Florida Statutes, the undersigned adopts the following Articles of Organization:

ARTICLE I

The name of the Company is: **Avant Assurance, LLC**

**ARTICLE II
ADDRESS**

The principal and mailing address of the Company is 3470 Northwest 82nd Avenue, Suite 700, Doral, FL 33122.

**ARTICLE III
REGISTERED AGENT AND REGISTERED ADDRESS**

The Registered Agent of the Company is Reinier Cortes, and the Registered Agent's Address is: 3470 Northwest 82nd Avenue, Suite 700, Doral, FL 33122.

**ARTICLE IV
MANAGEMENT**

The Company shall be Manager-Managed. The initial manager who shall serve until the first annual meeting of the member(s) or until a successor is elected and qualified is as follows:

Manager:

Reinier Cortes: 3470 Northwest 82nd Avenue,
Suite 700,
Doral, FL 33122

**ARTICLE V
PURPOSE**

The purpose for which this Company is organized is any and all lawful business.

IN WITNESS WHEREOF, the undersigned authorized representative has hereunto set his hand and seal on 10/22/2024.

DocuSigned by:
REINIER CORTES
Reinier Cortes, Manager

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the Company is: **Avant Assurance, LLC**

The Registered Agent of the Company is Reinier Cortes, and the Registered Agent's address is: 3470 Northwest 82nd Avenue, Suite 700, Doral, FL 33122.

Having been named as registered agent and to accept service of process for the foregoing limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated as of 10/22/2024.

Signed:

DocuSign
REINIER CORTES
Reinier Cortes

2024 OCT 22 PM 3:47