(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



200436269002

2025 JAN -8 AM 9: 47

2025 JAH -8 PM 2: 23

TI

# FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01/08/2025

NAME:

MACIAS GROUP INTERNATIONAL LLC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION:

ABBIE/PAUL HODGE

### **COVER LETTER**

	iling Se on of C	ection orporations							
SURJECT: M	MACIAS	GROUP INTERNATION	NAL	LLC					
SOBJECT		(Name of Res	ultin	g Florida Limit	cd Con	pany)	_		
				_		d fees are submitted to ecordance with s. 605.1			r
Please return a	ıll corre	espondence concernin	g thi	s matter to:			; ;;;	2025 JAN -8 AM 9: 47	•
TOMAS A. GO	NZALEZ	Z, JR., ESQ.					:	2	
<del></del>		(Contact Person)			•		ری <del></del> :	င်ာ	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
TOMAS GONZ	ALEZ L	AW, P.A.					12.		5
		(Firm/Company)					मान्द्र सम्बद्ध	٠	5,
PO BOX 93487	78 				-			<del>[</del> ]	
		(Address)							
MARGATE, FL	ORIDA	33093-4878							
	(C	lity, State and Zip Code)			•				
sunbiz@tomas									
E-mail Addre	ss: (to be	e used for future annual re	port i	notifications)					
For further inf	ormatic	on concerning this ma	tter,	please call:					
TOMAS A. GOI	NZALEZ	Z, JR., ESQ.	at	(954	642-2	2083			
(Name o	of Contac	ct Person)		(Area Code)	(Day	time Telephone Number)	_		
		or the following amou a bank located in the		•	rocess	ed by this office must b	oe payabl	le in US	
■ \$150.00 Filing (\$25 for Conversi & \$125 for Articl of Organization)	ion	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
New Fi Divisio P.O. Bo	ox 632°	ection orporations			New F Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite	e <b>8</b> 10		

Tallahassee, FL 32303

### Articles of Conversion

For

### "Other Business Entity"

Into

#### Florida Limited Liability Company

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 Arti-MACIAS GROUP INTERNATIONAL INC.	
(Enter Name of Other Business Entity)	025 JAN
2. The "Other Business Entity" is a CORPORATION  (Enter entity type. Example: corporation, limited partnership, general pattnership, communications)	7 - 1 7 - 1
First organized, formed or incorporated under the laws of	~ · · · · · · · · · · · · · · · · · · ·
on 01/01/2025 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Ar MACIAS GROUP INTERNATIONAL LLC	ticles of Organization:
(Enter Name of Florida Limited Liability Company)	<b>_</b>
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 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 document's effective date on the Department of State's records.	90 calendar days after
<ul><li>5. The plan of conversion has been approved in accordance with all applicable statutes</li><li>6. The "Converted or Other Business Entity" has agreed to pay any members having appra</li></ul>	

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MACIAS GROUP INTERNATIONAL LLC (Must contain the words "Limited Liability)	Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ed Agent. Fou must designate an individual of anomero.
VALERIA MACIAS-FLORES	
Name	
11251 NW 20TH ST STE 101 Florida street address (P.O. 1	Box NOT acceptable)
RALA RAL	22172

Having been named as registered agent and to accept service of process for the above stated 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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

#### ARTICLE IV-

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
<u>P</u>	VALERIA MACIAS-FLORES		
	11251 NW 20TH ST STE 101		
	MIAMI, FL 33172		
V	MAR ADAN ENRIQUEZ-MACIAS		2
<del></del>	11251 NW 20TH ST STE 101		925
	MIAMI, FL 33172		2025 JAN
			32
S	AIDA LOURDES MACIAS		8-
	11251 NW 20TH ST STE 101	<u> </u>	
	MIAMI, FL 33172	7 · :	=:
			NH 9: 47
			~
	<u> </u>		
(Use attachment if necessary)			
RTICLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
	<u> </u>		
· · · · · · · · · · · · · · · · · · ·			
Signature of a member or	an authorized representative of a mer	mber	

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.

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)