

# L25000024679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

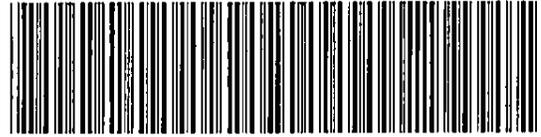
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900422025999

01/17/24--01027--026 \*\*150.00

**FILED**  
JAN 17 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T.J.H.  
2/16/24

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ERISKI SERVICES CORP  
\_\_\_\_\_  
(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:

ERISKI ESTRADA ISNAGA  
\_\_\_\_\_  
(Contact Person)

ERISKI SERVICES CORP  
\_\_\_\_\_  
(Firm/Company)

5300 SKYLAND DR  
\_\_\_\_\_  
(Address)

HOLIDAY FL 34690  
\_\_\_\_\_  
(City, State and Zip Code)

ERISKI1983@GMAIL.COM  
\_\_\_\_\_  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

ERISKI ESTRADA ISNAGA at ( 727 ) 999-1560  
\_\_\_\_\_  
(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

FILED  
 JAN 17 PM 1:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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:  
ERISKI SERVICES CORP

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a S CORPORATION  
(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 - P2000079956  
(Enter state, or if a non-U.S. entity, the name of the country)

on 10/05/2020  
(date of organization, formation or incorporation)

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

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 01/01/2024

**(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.

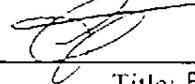
5. The plan of conversion has been approved in accordance with all applicable statutes.

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.

**FILED**  
JAN 17 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 11 day of JANUARY 2024 2024.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative:   
Printed Name: ERISKI ESTRADA ISNAGA Title: PRESIDENT

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

Signature:   
Printed Name: ERISKI ESTRADA ISNAGA Title: PRESIDENT

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)

FILED  
 JAN 17 PM 1:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ERISKI SERVICES LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

5300 SKYLAND DR  
HOLIDAY FL 34690

5300 SKYLAND DR  
HOLIDAY FL 34690

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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.)

The name and the Florida street address of the registered agent are:

ERISKI ESTRADA ISNAGA

Name

5300 SKYLAND DR

Florida street address (P.O. Box **NOT** acceptable)

HOLIDAY

FL 34690

City

Zip

*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)

(CONTINUED)

FILED  
JAN 11 PM 1:5  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

ERISKI ESTRADA ISNAGA

5300 SKYLAND DR

HOLIDAY FL 34690

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

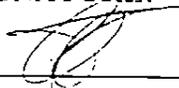
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

ERISKI ESTRADA ISNAGA

\_\_\_\_\_  
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)**

FILED  
JUN 11 11 PM '11  
STATE OF FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached is a form to convert an "Other Business Entity" into a "Florida Limited Liability Company" pursuant to section 605.1045, Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

Pursuant to s. 605.0102(23)a, F.S., entity means: a business corporation, a nonprofit corporation, a general partnership, including a limited liability partnership, including a limited partnership, including a limited liability limited partnership; a limited liability company; a real estate investment trust; or any other domestic or foreign entity that is organized under an organic law.

**Filing Fees:** **\$150.00 (\$25 for Articles of Conversion and \$125 for Articles of Organization)**

**Certified Copy (optional):** **\$30.00**

**Certificate of Status (optional):** **\$5.00**

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**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

For further information, you may contact the New Filing Section at (850) 245-6052.

**Important Notice: As a condition to the conversion, pursuant to s.605.0212(9), F.S., each party to the conversion must be active and current through December 31 of the calendar year this document is being submitted to the Department of State for filing.**

INHS11 (7/17)

FILED  
JAN 11 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DIVISION of CORPORATIONS  
an official State of Florida website

[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

### Detail by Entity Name

Florida Profit Corporation  
ERISKI SERVICES CORP

#### Filing Information

<b>Document Number</b>	P20000079956
<b>FEI/EIN Number</b>	85-3624847
<b>Date Filed</b>	10/05/2020
<b>Effective Date</b>	10/05/2020
<b>State</b>	FL
<b>Status</b>	ACTIVE

#### Principal Address

5300 SKYLAND DR.  
HOLIDAY, FL 34690

Changed: 01/12/2023

#### Mailing Address

5300 SKYLAND DR.  
HOLIDAY, FL 34690

Changed: 01/12/2023

#### Registered Agent Name & Address

ESTRADA ISNAGA, ERISKI  
5300 SKYLAND DR.  
HOLIDAY, FL 34690

Address Changed: 01/12/2023

#### Officer/Director Detail

##### Name & Address

Title P

ESTRADA ISNAGA, ERISKI  
5300 SKYLAND DR.  
HOLIDAY, FL 34690

#### Annual Reports

Report Year	Filed Date
-------------	------------

FILED  
 JAN 11 PM 11:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1/11/24, 4:17 PM

Detail by Entity Name

2022	03/09/2022
2023	01/12/2023
2024	01/11/2024

**Document Images**

<a href="#">01/11/2024 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/12/2023 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/09/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/21/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/05/2020 -- Domestic Profit</a>	<a href="#">View image in PDF format</a>

13/24

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000079956

**Entity Name:** ERISKI SERVICES CORP

**Current Principal Place of Business:**

5300 SKYLAND DR.  
HOLIDAY, FL 34690

**Current Mailing Address:**

5300 SKYLAND DR.  
HOLIDAY, FL 34690 US

**FEI Number:** 85-3624847

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ESTRADA ISNAGA, ERISKI  
5300 SKYLAND DR.  
HOLIDAY, FL 34690 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            ESTRADA ISNAGA, ERISKI  
Address        5300 SKYLAND DR.  
City-State-Zip: HOLIDAY FL 34690

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ERISKI ESTRADA ISNAGA

**PRESIDENT**

**01/11/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date