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(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:
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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Kyle Aveiga Clinical Services LL	С		
(Name of Re	sulting Florida Li	imited Company)	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	•		
Please return all correspondence concerning	g this matter t	o:	
Kyle Jordan Aveiga			
(Contact Person)			
Kyle Aveiga Clinical Services LLC			
(Firm/Company)			
2672 W 72 ST			
(Address)		<u> </u>	
Hialeah, FL 33016			
(City, State and Zip Code)			
Kyle.Aveiga@gmail.com			
E-mail Address: (to be used for future annual re	port notifications	s)	
For further information concerning this ma	itter, please ca	II:	
Kyle Jordan Aveiga	at (³⁰⁵	338-8163	
(Name of Contact Person)	(Area Co	ode) (Daytime Telephone Number)	
Enclosed is a check for the following amound dollars and drawn on a bank located in the			ole in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Fill and Certified (1 2003
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	2025FE3 24 PM 5:

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 Articles of Conversion is: Kyle Aveiga Clinical Services INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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
(Enter state, or if a non-U.S. entity, the name of the country)
07/01/2024 on
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:
Kyle Aveiga Clinical Services 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 20 day of February	20_25
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: Kyle Jordan Aveiga	Title: Managing Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)}
Signature: Kyle Jordan Aveiga	Title: President and Sole Shareholder
Signature:	· · · · · · · · · · · · · · · · · · ·
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	_ Title:
Signature: Printed Name:	
Signature: Printed Name:	
If Florida Corporation:	D. 105
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Kyle Aveiga Clinical Services LLC	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2672 W 72 ST	2672 W 72 ST
Hialeah, FL 33016	Hialeah, FL 33016
The name and the Florida street address of the r Kyle Jordan Aveiga Name	
2672 W 72 ST	
Florida street address (P.O	. Box NOT acceptable)
Hialeah	FL 33016
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as eity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Kyle Jordan Aveiga
NIVIDIA	2672 W 72 ST Hialeah, FL 33016
	2072 W 72 31 Filalean, 7 E 330 To
MGR	Kyle Jordan Aveiga
MGIX	2672 W 72 ST Hialeah, FL 33016
	
	
(Use attachment if necessary)	
(Use attachment if necessary)	
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(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	r an authorized representative of a member ee with section 605.0203 (1) (b), Florida Statutes, I am aware nument to the Department of State constitutes a third degree for
Signature of a member o This document is executed in a coordans any false information submitted in a doc as provided for in s.817.155, F.S. Kyle Jordan Aveiga	ce with section 605.0203 (1) (b), Florida Statutes, I am aware nument to the Department of State constitutes a third degree for
Signature of a member o This document is executed in a coordans any false information submitted in a doc as provided for in s.817.155, F.S. Kyle Jordan Aveiga	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware nument to the Department of State constitutes a third degree for the section of the Department of State constitutes a first degree for the section of the Department of State constitutes a third degree for the section of the sectio

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

PLAN OF CONVERSION OF KYLE AVEIGA CLINICAL SERVICES INC.

This Plan of Conversion is made pursuant to Florida Statutes, Chapter 607.11931, to convert Kyle Aveiga Clinical Services Inc., a Florida corporation, into Kyle Aveiga Clinical Services LLC, a Florida limited liability company.

1. Current Corporation Information

Name: Kyle Aveiga Clinical Services Inc.

Entity Type: Florida Corporation

Principal Office: 2672 W 72nd St. Hialeah, FL 33016

2. Converted LLC Information

New Name: Kyle Aveiga Clinical Services LLC Entity Type: Florida Limited Liability Company

Registered Agent and Sole Managing Member: Kyle Jordan Aveiga Registered Agent Address: 2672 W 72nd St, Hialeah. FL 33016

3. Effective Date of Conversion

This conversion shall be effective upon filing with the Florida Department of State.

4. Approval of the Conversion

This Plan of Conversion has been duly approved by the corporation's board of directors and its sole shareholder, in accordance with Florida law.

5. Governing Law

The rights, privileges, and obligations of the converted LLC shall be governed by Chapter 605 of the Florida Statutes.

6. Ownership and Management Structure

The sole member of the LLC shall be:

• Name: Kyle Jordan Aveiga

• Address: 2672 W 72nd St, Hialeah, FL 33016

SIGNATURE SECTION

Executed on this 20th day of feb. 2025.

SIGNED:

Kyle Jordan Aveiga

President & Sole Shareholder Kyle Aveiga Clinical Services Inc.