

PO4000146036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

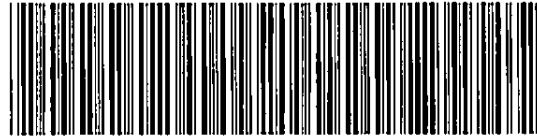
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SECRETARY OF STATE
TALLAHASSEE, FL ORIDA

ML

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: US ASSURE INSURANCE SERVICES OF FLORIDA, INC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Avenir V. Morozov

Name of Person

Milam, Howard Nicandri & Gillam, P.A.

Firm/Company

14 East Bay Street

Address

Jacksonville, Florida 32202

City/State and Zip Code

ktravis@milamhoward.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Travis

Name of Person

at (904) 357-3660

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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Articles of Conversion
For
Florida Profit Corporation
Into a
Non-Florida Business Entity

The Articles of Conversion are submitted to convert the following **Florida Profit Corporation** into an a business entity formed under the laws of another jurisdiction in accordance with s. 607.11933, Florida Statutes.

1. The name of the Florida Profit Corporation converting into the (converted) resulting business entity is:
US ASSURE INSURANCE SERVICES OF FLORIDA, INC.

PO4000146036

Enter Name of Florida Profit Corporation

2. The name of the resulting business entity is:
US ASSURE INSURANCE SERVICES OF FLORIDA, LLC

Enter Name of (Converted) Resulting Business Entity

3. The (converted) resulting entity is a limited liability company
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Delaware
(Enter state, or if a non-U.S. entity, the name of the country)

4. The above referenced Florida Profit Corporation has converted into another business entity in compliance with Chapter 607, F.S.

5. The plan of conversion was approved by the converting Florida Profit Corporation in accordance with Chapter 607, F.S.

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Pursuant to s. 607.11933(4)(6) F.S. The conversion becomes effective at the later of:

1. The date and time provided by the organic law of the (converted) resulting entity; or
2. When the articles of conversion take effect.

Signed this 28th day of August, 2024.

Signature: Michael Alan Ferguson
800082AAC7AA489

(Must be signed by a Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)

Printed Name: M. Alan Ferguson Title: President

Fees: Filing Fee: \$35.00
Certified Copy: \$8.75 (Optional)
Certificate of Status: \$8.75 (Optional)

STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is US ASSURE INSURANCE SERVICES OF FLORIDA, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 1209 Orange Street (street), in the City of Wilmington, Zip Code 19801. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is The Corporation Trust Company
Jacksonville, Florida 32256

Signed by:
Michael Alan Ferguson
Authorized Person

Name: M. Alan Ferguson
Print or Type

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