

P080000066315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

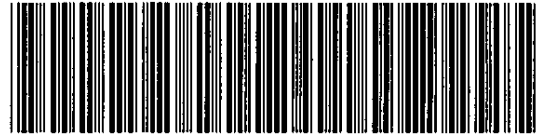
Special Instructions to Filing Officer:

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JUL 14 2008

EXAMINER



400130443554

05/30/08--01031--010 **113.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUL 11 PM 2:02

Reject
Should be filed
Simultaneously

CBS FINANCIAL ACCOUNTING, LLC

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

LICENSE NUMBER AD0019334

COMPREHENSIVE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

6209 WEST COMMERCIAL BOULEVARD, SUITE 7

FORT LAUDERDALE, FL 33319

TELEPHONE 954-724-4141 FAX 954-724-4171

MAY 19, 2008

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O Box 6327
TALLAHASSEE, FL 32314

RE: DOC # L08000047434
U.S. INSURANCE OF MIAMI, LLC

DEAR SIRs,

PLEASE REVIEW THE ENCLOSED CERTIFICATE OF CONVERSION. WE ARE TRYING TO CORRECT AN ERROR.

OUR CLIENT FILED FOR A LLC AND TRULY NEEDS AN INC.

* PRIOR NAME: U.S. INSURANCE OF MIAMI, LLC

*NAME CORRECTION: U.S. INSURANCE OF MIAMI, INC.

PLEASE CONTACT MY OFFICE IF THIS IS NOT THE CORRECT FORM OR MORE INFORMATION IS NEEDED.

THANK YOU,

Luis A Escobar, CPA
President
LAE/ CC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U.S. Insurance of Miami, LLC

(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Luis A Escobar, CPA

(Contact Person)

CBS Financial CPA, PA

(Firm/Company)

6209 W Commercial Blvd Ste7

(Address)

Tamarac, FL 33319

(City, State and Zip Code)

For further information concerning this matter, please call:

Luis A Escobar, CPA

(Name of Contact Person)

at (954) 724-4141

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☒ \$113.75 Filing Fees
and Certificate of
Status

☐ \$113.75 Filing Fees
and Certified Copy

☐ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

08 JUL 11 PM 2: 02

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the **"Other Business Entity"** immediately prior to the filing of this Certificate of Conversion is:

U.S. Insurance of Miami, LLC

(Enter Name of Other Business Entity)

2. The **"Other Business Entity"** is a LLC

(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, 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 MAY 12 2008

(Enter date **"Other Business Entity"** was first organized, formed or incorporated)

3. If the jurisdiction of the **"Other Business Entity"** was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

U.S. Insurance of Miami, Inc

(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 11 day of JULY 20 08

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or if Directors or Officers have not been selected, an Incorporator: X 

Printed Name: Dayana Franco Title: President

Required Signature(s) on behalf of Other Business Entity: (See below for required signature(s).)

Signature: X 
Printed Name: Dayana Franco Title: President

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

U.S. Insurance of Miami, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5238 Sw 183 Ave
Miramar, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Dayana Franco
5238 SW 183 Ave
Miramar, FL 33029

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dayana Franco
5238 SW 183 Ave
Miramar, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dayana Franco
5238 SW 183 Ave
Miramar, FL 33028

Having been named as registered agent to accept service of process for the above stated corporation in the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

x 
Signature/Registered Agent

x 
Signature/Incorporator

7/11/08
Date

7/11/08
Date