## P200000 87132

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

I. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion GRISELL BEHAVIOR SERVICES LLC	on is:	
Enter Name of the Converting Entity	·	
llc 2. The converting entity is a		
(Enter entity type. Example: limited liability company, limited partnersh general partnership, common law or business trust, etc.)	ip,	
florida first organized, formed or incorporated under the laws of	_	
(Enter state, or if a non-U.S. entity, the name of the country) 07/25/2018		
Enter date "Converting Entity" was first organized, formed or incorporate	 ≥d.	
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorpora</u> GRISELL BEHAVIOR SERVICES inc	tion:	
Enter Name of Florida Profit Corporation		
4. This conversion was approved by the eligible converting entity in accordance with this chapter current/organic jurisdiction.	and the	laws of its
08/13/2020 5. If not effective on the date of filing, enter the effective date:		
The effective date: Cannot be prior to nor more than 90 days after the date this document Department of State.)		(F)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements isted as the document's effective date on the Department of State's records.	. this dat	e will not be
		20
	<u> </u>	ت: ت:

13 august Signed thisday of	, 2	20 0		
Required Signature for Florida Profit Corporat				
Signature of Director, Officer, or, if Directors or O			orator:	
Printed Name:Title:	mer <del>anen</del> P	<del></del>		
Required Signature(s) on behalf of Converting F companies:  See below for required signature(s).			nips, and limited liability	
Signature: <u>Griselle xposito</u> Printed Name:				
grisell exposito Printed Name:	Title:	E P	<del></del>	
Signature: 97159				
Printed Name: Grisell Exposito  Signature: Griselli	Title:			
Signature:		<del></del>	<del></del>	
Printed Name:				
Signature:				
Printed Name:	Title:	<del></del>		
Signature:		<del></del>	22 22	
Printed Name:	Title:			
Signature:			.20	
Printed Name:	Title:		<u> </u>	
H Florida General Partnership or Limited Liability Partnership: ප්ර 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	2.			
All others: Signature of an authorized person.				
Fees: Articles of Conversion:	\$35.00			
Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$70,00 \$8.75 (Optional) \$8.75 (Optional)			

## ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ne name of the corporation shall be: give I behavior Servicer Inc				
IRTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:				
Principal street address  551-6 5W 192 pl	Mailing address, if different is:  S5/6 Sい / 42 / 5/			
MIAM: , \$1 33175	Miani Fl 33175			
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	· // - to complete			
I want to energy Rig	ille to Inc (small eoip)			
	- Au. 20			
	Fig. 55			
ARTICLE IV SHARES The number of shares of stock is: 2				
ARTICLE V OFFICERS AND/OR DIRECTORS	0 " // C Y			
Name and Title: <u>Grisell</u> Exposito <del>Isto</del> Address: <u>\$516 SW IUCPl</u>	Name and Title: SELLEN CX POST			
Address: 3318 300 1010/175	Migni 7/ 33175			
Name and Title:	Name and Title:			
Address:	Address:			
Name and Title:	Name and Title:			
Address:	Address:			

?TICL : name	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT ac	eceptable) of the registered agent is:
ıme:	grisell Exposito	
ddress:	55/6 SW 142 PL 33/75	
	55/6 SW 142 PL 33/75 Miami. Fl	
Having be	en named as registered agent to accept service	**************************************
this certific	cate, I am familiar with and accept the appoint	ment as registered agent and agree to act in this capacity
	gosh	08/13/2020
	Required Signature/Registered Agent	Date