

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AVALII, PA

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

BRIGETTE DELUCIA

Contact Person

KASBAR & DELUCIA

Firm/Company

3880 SHERIDAN STREET

Address

HOLLYWOOD, FL 33021

City, State and Zip Code

BRIGETTE@KDACCOUNTING.COM

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

For further information concerning this matter, please call:

BRIGETTE DELUCIA at (**954**) **983-2990**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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

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.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

AVALII, LLC

Enter Name of the Converting Entity

2. The converting entity is a **LLC**

(Enter entity type. Example: limited liability company, limited partnership, 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 **JANUARY 4, 2021**

Enter date "Converting Entity" was first organized, formed or incorporated.

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

AVALII, PA

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

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 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.

Signed this 26 day of MAY, 202021

Required Signature for Florida Profit Corporation:

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



Printed Name: RAFINA RAHIM Title: OWNER

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: 

Printed Name: RAFINA RAHIM Title: OWNER

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:

Articles 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
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

ARTICLE I NAME

The name of the corporation shall be: AVALII, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

6550 GRIFFIN RD STE 102
DAVIE, FL 33314

3850 S. UNIVERSITY DRIVE #293236
DAVIE, FL 33329

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NURSE PRACTITIONER

ARTICLE IV SHARES 1,000

The number of shares of stock is: _____

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: RAFINA RAHIM/PD

Name and Title: _____

Address: 3850 S. UNIVERSITY DR. #293236
DAVIE, FL 33329

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: KASBAR & DELUCIA
Address: 3880 SHERIDAN STREET
HOLLYWOOD, FL 33021

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

Brigitte A. DeLucia
Brigitte A. DeLucia / Kasbar & DeLucia
Required Signature/Registered Agent
5-26-21
Date

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L21000014982
FILED 8:00 AM
January 04, 2021
Sec. Of State
dlokeefe

Article I

The name of the Limited Liability Company is:

AVALII, LLC

Article II

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

3850 S UNIVERSITY DRIVE
#293236
DAVIE, FL. US 33329

The mailing address of the Limited Liability Company is:

3850 S UNIVERSITY DRIVE
#293236
DAVIE, FL. US 33329

Article III

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

RAFINA RAHIM
3850 S UNIVERSITY DRIVE
#293236
DAVIE, FL. 33329

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.

Registered Agent Signature: RAFINA RAHIM

Article IV

The name and address of person(s) authorized to manage LLC:

Title: P
RAFINA RAHIM
3850 S UNIVERSITY DRIVE, #293236
DAVIE, FL. 33329 US

L21000014982
FILED 8:00 AM
January 04, 2021
Sec. Of State
dlokeefe

Signature of member or an authorized representative

Electronic Signature: RAFINA RAHIM

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.