

P21000080241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

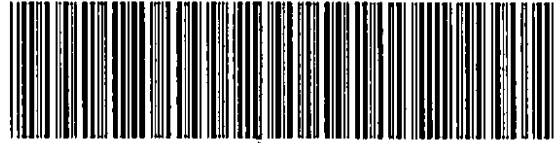
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200368712402

09/09/21--01004--001 \*\*70.00

06/23/21--01019--012 \*\*43.75

R WHITE

SEP 1 2021



RECEIVED

2021 SEP -7 AM 10:56

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2021

BENISE S. LAURORE  
73 FREEPORT LANE  
PALM COAST, FL 32137

SUBJECT: LAURORE INSURANCE AND FINANCIAL SERVICES, LLC.  
Ref. Number: L14000159608

We have received your document for LAURORE INSURANCE AND FINANCIAL SERVICES, LLC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

PER OUR DISCUSSION I AM SENDING YOU ARTICLES OF CONVERSION.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 321A00018859

9/11/21  
Please note:

we simply want to  
change our status  
from LLC TO INC

Please advise if any dues,  
Thank you.

[www.sunbiz.org](http://www.sunbiz.org)

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Laurore Insurance & Financial Services INC  
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:

Benise Laurore  
Contact Person

Laurore Insurance & fin. serv. INC  
Firm/Company

73 Freeport Lane  
Address

Palm Coast FL 32137  
City, State and Zip Code

LIS@LAUROREINSURANCE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benise Laurore at (561) 577-9808 or 561 506 6915  
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:

LAUREL INSURANCE & FINANCIAL SERVICES 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 FL  
(Enter state, or if a non-U.S. entity, the name of the country)

on (LLC) October 2014  
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**:

LAUREL INSURANCE & FINANCIAL SERVICES LLC (TO be changed TO INC.)  
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 30<sup>th</sup> day of August, 20 21

**Required Signature for Florida Profit Corporation:**

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

Bence Lawrence

Printed Name: Bence Lawrence Title: owner/manager

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

Signature: Bence Lawrence

Printed Name: Bence Lawrence Title: President/owner/manager

Signature: Marc Lawrence

Printed Name: Marc Lawrence Title: V. President

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: Laurore Insurance and Financial Services  
Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
730 NW 1<sup>st</sup> AVE  
Bolton, FL 33426

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For profit

**ARTICLE IV SHARES**

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Benise S. Laurore (P) Name and Title: Marc A. Laurore (V.P.)

Address: 730 NW 1<sup>st</sup> AVE Address: 730 NW 1<sup>st</sup> AVE  
Bolton, FL 33426 Bolton, FL 33426

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: Benise S. Lauvare

Address: 730 NW 1<sup>st</sup> AVE  
Boynton Bch, FL 33426

\*\*\*\*\*  
*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*

  
Required Signature/Registered Agent

8/30/21  
Date