

P220 0009 4426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

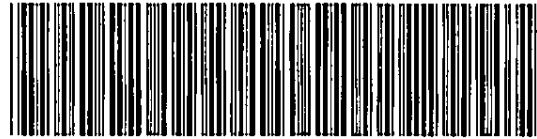
(Business Entity Name)

(Document Number)

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

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01/21/23--01/14/23 \*\*122.73

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2022 OCT 27 AM 9:10  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

FILED

W22-113183



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 OCT 27 AM 9:20

September 6, 2022

ISAILIS RAMIRES  
RAMIREZ FAMILY HOME DAYCARE LLC  
3813 18TH ST SW  
LEHIGH ACRES, FL 33976

SUBJECT: RAMIREZ FAMILY HOME DAYCARE INC  
Ref. Number: W22000113183

We have received your document for RAMIREZ FAMILY HOME DAYCARE INC and your check(s) totaling \$122.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. Signatures are missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 622A00019817

2022 OCT 27 AM 9:10  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/27/2022 BY 60322

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** **RAMIREZ FAMILY HOME DAYCARE 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:

**ISAILIS RAMIRES**

Contact Person

**RAMIREZ FAMILY HOME DAYCARE LLC**

Firm/Company

**3813 18TH ST SW**

Address

**LEHIGH ACRES FL,33976**

City, State and Zip Code

**RAMIREZISAILIS@GMAIL.COM**

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

For further information concerning this matter, please call:

**ISAILIS RAMIREZ** at ( **239** ) **745-8437**

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:

RAMIREZ FAMILY HOME DAYCARE LLC

Enter Name of the Converting Entity

2. The converting entity is a LIMITED LIABILITY COMPANY

(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 02/24/2021

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**:

RAMIREZ FAMILY HOME DAYCARE 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.)

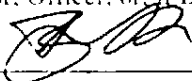
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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2022 OCT 27 AM 9:10  
TALLAHASSEE, FLORIDA  
CLERK OF COURT

Signed this 07 day of JULY, 2022.

**Required Signature for Florida Profit Corporation:**

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

 X  
Printed Name: ISAILIS RAMIREZ Title: P

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

Signature:  X  
Printed Name: ISAILIS RAMIREZ Title: MGR

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)

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2022 OCT 27 AM 9:10  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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: RAMIREZ FAMILY HOME DAYCARE INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

3813 18TH ST SW  
LEHIGH ACRES FL, 33976

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HOME DAYCARE AND ALL LAWFULL

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: ISAILIS RAMIREZ P  
Address: 3813 18TH ST SW  
LEHIGH ACRES FL, 33976

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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2022 OCT 27 AM 9:10  
FILED  
CLERK OF DISTRICT COURT  
HALLANDALE BEACH, FLORIDA

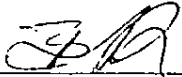
**ARTICLE VI REGISTERED AGENT**

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

Name: ISAILIS RAMIREZ  
Address: 3813 18TH ST SW  
LEHIGH ACRES FL, 33976

\*\*\*\*\*

*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

07/07/2022

\_\_\_\_\_  
Date

FILED  
2022 OCT 27 AM 9:10  
TALLAHASSEE, FL 32301  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT