

P23000043864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

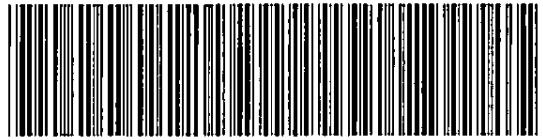
(Document Number)

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

Special Instructions to Filing Officer:

W2300003602

Office Use Only



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2023

BETTY JIMENEZ  
200 NORTH 44TH AVENUE  
HOLLYWOOD, FL 33021 US

SUBJECT: BJB PROFESSIONAL SERVICES LLC  
Ref. Number: W23000036602

We have received your document for BJB PROFESSIONAL SERVICES LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

ARCEDRA JOHNSON  
Regulatory Specialist II

Letter Number: 023A00006216

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23 FEB 27 AM 1:18

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: BIB PROFESSIONAL SERVICE CORP.  
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:

BETTY JIMENEZ  
Contact Person

BIB  
Firm/Company

200 NORTH 44TH AVENUE  
Address

HOOLYWOOD FL 33021  
City, State and Zip Code

bettyjimenezb.insurancecorp@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETTY JIMENEZ at ( 305 ) 240-7932  
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 Status and Certified Copy Certified Copy, and 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

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23 FEB 27 AM 11:18  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

October 8th 2021

BETTY JIMENEZ  
1201 SW 128TH TER APT E203  
PFMBROKE PINES FL 33027-1988

Reference to: 0960257818 and 0158405930

Taxpayer Identification number: 200-41-8656  
Tax periods: Dec. 31, 2020

I want to let you know that the company BJB Professional Services LLC is currently working, and has filed taxes for the years 2019 & 2020, under EIN # 83-4464186. Attached is a copy of the Florida division of Corporations to confirm that it is correct, so please update your records.

None of the following Federal ID Numbers 83-4339780 and 83-4464186 correspond to the entity mentioned above, it has never had a bank account or reported taxes at any time.

If you have any questions please do not hesitate to contact me at (305) 240-7932.

Thank you.

  
Betty Jimenez

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23 FEB 27 AM 11:18  
SECURITY  
FALLING

**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:

BJB PROFESSIONAL SERVICE 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 FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 04/09/2019 EIN 83-4464185 ✓  
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**:

BJB PROFESSIONAL SERVICE CORP  
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: JANUARY 1, 2022  
(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.

FILED  
23 FEB 21 11:18  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**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: BJB PROFESSIONAL SERVICE CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

200 NORTH 44TH AVENUE  
HOLLYWOOD FL 33021

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INSURANCES BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: BETTY JIMENEZ      Name and Title: \_\_\_\_\_

Address: 200 NORTH 44TH AVE      Address: \_\_\_\_\_  
HOLLYWOOD FL 33021

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

Address: \_\_\_\_\_      Address: \_\_\_\_\_

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

Address: \_\_\_\_\_      Address: \_\_\_\_\_

23 FEB 27 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Signed this 20 day of FEBRUARY, 2023.

**Required Signature for Florida Profit Corporation:**

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

Betty Jimenez

Printed Name: BETTY JIMENEZ Title: PRESIDENT

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

Signature: Betty Jimenez

Printed Name: BETTY JIMENEZ Title: PRESIDENT

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**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)

**ARTICLE VI REGISTERED AGENT**


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

Name: BETTY JIMENEZ

Address: 200 NORTH 44<sup>TH</sup> AVE  
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*

  
Required Signature/Registered Agent

02/20/2023  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA