# P23000054173

(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:				
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(N)23000086898				

Office Use Only



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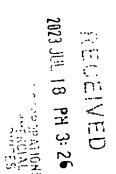


June 21, 2023

MARIAM BONGIORNO 160 W CAMINO REAL UNIT 889 BOCA RATON, FL 33432 US

SUBJECT: CASTROB GROUP, LLC

Ref. Number: W23000086898



We have received your document for CASTROB GROUP, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE SUBMITTED THE WRONG FORM AND FEES FOR A CONVERSION FILING AS A CORPORATION (INC.) I HAVE ENCLOSED THE CORRECT FORM FOR YOU. RESUBMIT THEFILING ALONG WITH THE REMAINING BALANCE OF \$45.00 BY CHECK OR MONEY ORDER TO COMPLETE THE FILING.

The document number of the name conflict is.

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: 223A00014037

#### **COVER LETTER**

Division of Corporations	
SUBJECT: Castrob Group, Inc	
	Resulting Florida Profit Corporation
The enclosed Articles of Conversion, Articles of entity into a "Florida Profit Corporation" in accordance	Incorporation, and fees are submitted to convert the following eligible rdance with ss. 607.11933 & 607.0202, F.S.
Please return all correspondence concerning this	matter to:
Mariam Bongiorno	
Contact Person	
Castrob Group LLC	
Firm/Company	<del></del>
160 W Camino Real, Unit 889	
Address	
Boca Raton, FL 33432	
City, State and Zip Code	<del></del>
mcastro@y2benterprises.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, p	lease call:
Mariam Bongiorno	561 827-2769
Name of Contact Person	at () Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$105.00 Filing Fees □\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees 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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## 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.

The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:     Castrob Group, 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 October 19th, 2015
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:
Castrob Group, 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: May 31, 2023  The effective date: Cannot be prior to per 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 16	day of _July	, 20_23		
Required Signatu	ure for Florida Profit Corporation:			
- ,	etor, Officer, or, if Directors or Office	ers have not been selected, an Incorporator:		
Printed Name: Ma	ariam Bongiorno Title: Pre	esident		
companies: [See	below for required signature(s).]	ida partnerships, limited partnerships, and limited liabilit	<b>Y</b>	
		Title: President		
Signature:				
Printed Name:		Title:		
Signature:				
Printed Name:		Title:		
Signature:				
Printed Name:		Title:		
•				
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 Limite Signature of a Me	ed Liability Company: ember or Authorized Representative.			
All others: Signature of an au	thorized person.			
Fees for F Certified	of Conversion: Florida Articles of Incorporation: Copy: e of Status:	\$35.00 \$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)

ARTICLE I NAME Castrob Group, Inc		
The name of the corporation shall be:		
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:		
The principal place of business/maining address is.		
Principal street address 11990 Watermark Way	Mailing address, if different is: 160 W Camino Real, unit 889	
Parkland, FL 33076	Boca Raton, FL 33432	
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
Convert Limited Liability Company to a F	Florida Profit Corporation	
ARTICLE IV SHARES		
The number of shares of stock is: 100		
ARTICLE V OFFICERS AND/OR DIRECTORS		
Name and Title: Mariam Bongiorno, President	Name and Title:	
· · · · · · · · · · · · · · · · · · ·	Name and Truc.	
Address: 11990 Watermark Way	Address:	
Parkland, FL 33076		
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:	Mariam Bongiorno			
Address:	11990 Watermark Way			
	Parkland FL 33076			
*******	*****************************	**********		
		process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity		
Mariant	Boxini / Mariam Bongiorno	July 16, 2023		
1	Required Signature/Registered Agent	Date		