

P23000067716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

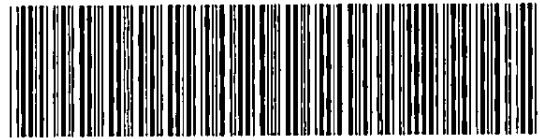
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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23 AUG 15 PM 10:23
FILING OFFICE

FILED

W23000102325

W23000074470

Q8



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2023

EMILY MEYERHOFF
MANELA & CO
6300 WILSHIRE BLVD, STE 2030
LOS ANGELES, CA 90048 US

SUBJECT: INSURANCE FORECAST CENTER
Ref. Number: W23000102325

RECEIVED
23 AUG 15 PM 3:11

We have received your document for INSURANCE FORECAST CENTER and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Dil Sultana
Regulatory Specialist III

Letter Number: 623A00016850:

23 AUG 15 PM 10:24

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INSURANCE FORECAST, 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:

Emily Meyerhoff

Contact Person

Manela & Co

Firm/Company

6300 Wilshire Blvd, Ste 2030

Address

Los Angeles, CA 90048

City, State and Zip Code

emily@manelaco.com

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

For further information concerning this matter, please call:

Emily Meyerhoff

at (323)

782-0818

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

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee

FILED
23 AUG 15 PM 10:26
TALLAHASSEE, FL
STATE OF FLORIDA

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:

INSURANCE FORECAST CENTER

Enter Name of the Converting Entity

2. The converting entity is a **For-Profit Corporation**

(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 **California**

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

on **March 17, 2016**

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**:

INSURANCE FORECAST, 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.)

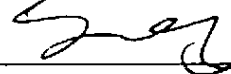
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED
23 AUG 15 PM 10:16
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

Signed this 8th day of June, 2023.

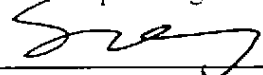
Required Signature for Florida Profit Corporation:

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



Printed Name: Shmuel Schwartz Title: CEO

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

Signature: 

Printed Name: Shmuel Schwartz Title: CEO

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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23 AUG 15 PM 10:24
HALL COUNTY CLERK

FILED

**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: INSURANCE FORECAST, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

6815 Biscayne Blvd, STE 103-471, Miami, FL 33138

Mailing address, if different is:

6815 Biscayne Blvd, STE 103-471, Miami, FL 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Shmuel Schwartz, CEO & Director

Address: 6815 Biscayne Blvd, STE 103-471

Miami, FL 33138

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

23 AUG 15 PM 10:26
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ARTICLE VI REGISTERED AGENT

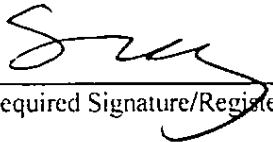
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Shmuel Schwartz

Address: 6815 Biscayne Blvd, STE 103-471

Miami, FL 33138

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

6/8/2023

Date

FILED
23 AUG 15 PM 10:24
CLERK OF DISTRICT COURT
JULIA H. HARRIS, CLERK