P23000067716

(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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W23000102325

W23000074470

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

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

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)

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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

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

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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 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: _____

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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: INSURANCE FORECAST, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

Principal street address	Mailing address, if different is:
6815 Biscayne Blvd, STE 103-471, Miami, FL 33138	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	Name and Title:
Address: 6815 Biscayne Blvd, STE 103-471 Miami, FL 33138	Address:
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: 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

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