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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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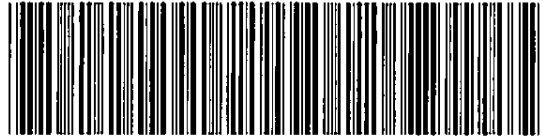
(Business Entity Name)

(Document Number)

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

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FLORIDA

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T.J.H.  
4/14/24

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: JACLYN P. RILEY CASTILLO, 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:

JACLYN P. RILEY CASTILLO

Contact Person

JACLYN P. RILEY CASTILLO, CORP.

Firm/Company

8950 LAKE PARK CIR N

Address

DAVIE, FLORIDA 33328

City, State and Zip Code

JACKIEPRILEY@GMAIL.COM

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

For further information concerning this matter, please call:

JACLYN P. RILEY CASTILLO at ( 617 ) 918 3016

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees.<br>Certified Copy, and<br>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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SECRETARY OF STATE  
TALLAHASSEE, 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:

JACLYN P. RILEY CASTILLO, 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 03/23/2016

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:

JACLYN P. RILEY CASTILLO, 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: \_\_\_\_\_.

(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**  
2016 APR 21 PM 0:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 24 day of MARCH, 2024

**Required Signature for Florida Profit Corporation:**

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

Jaclyn P. Riley Castillo

Printed Name: JACLYN P. RILEY CASTILLO Title: INCORPORATOR

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

Signature: Jaclyn P. Riley Castillo

Printed Name: JACLYN P. RILEY CASTILLO Title: AMBR

Signature: Franklin Castillo

Printed Name: FRANKLIN E. CASTILLO TORO Title: AMBR

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)

2024 APR 21 PM 0:10  
FILED  
SECRETARY OF STATE  
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: JACLYN P. RILEY CASTILLO, CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

8950 LAKE PARK CIR N

Mailing address, if different is:

DAVIE, FLORIDA 33328

UNITED STATES

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFESSIONAL CONSULTING SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: JACLYN P. RILEY CASTILLO Name and Title: DIRECTOR

Address: 8950 LAKE PARK CIR N  
DAVIE, FLORIDA 33328

Name and Title: FRANKLIN E. CASTILLO TORO Name and Title: DIRECTOR

Address: 8950 LAKE PARK CIR N  
DAVIE, FLORIDA 33328

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

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

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

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

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FLORIDA  
MAR 11 PM 0:17

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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: JACLYN P. RILEY CASTILLO

Address: 8950 LAKE PARK CIR N

DAVIE, FLORIDA 33328

\*\*\*\*\*

*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*

Jaclyn P. Riley Castillo  
Required Signature/Registered Agent

03/24/2024  
Date

FILED  
2024 APR 22 PM 3:17  
SECRETARY OF STATE  
FLORIDA