

P24000057136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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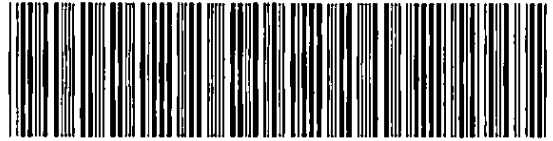
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/17/24--01010--005 **105.00

2023 JUL 17 PM 4:26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2024

SHERLEY HARATZ
HARATZ & STUBBE PA
2980 NE 207TH STREET, SUITE 706
AVENTURA, FL 33180 US

SUBJECT: HARATZ & STUBBE PA
Ref. Number: W24000107116

We have received your document for HARATZ & STUBBE PA and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

JURISDICTION DATE DON'T MATCH FLORIDA RECORD.,

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.

Crystal S Hightower
Regulatory Specialist II

Letter Number: 024A00016334

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUL 17 PM 4:26

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Haratz & Stubbe PA

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:

Sherley Haratz

Contact Person

Haratz & Stubbe PA

Firm/Company

2980 NE 207th Street, Suite 706

Address

Aventura, Florida 33180

City, State and Zip Code

sharatz@hsusalaw.com

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

For further information concerning this matter, please call:

Sherley Haratz

Name of Contact Person

at (305) 491-5764

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
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

7/27/07 JUL 17 PM 4:26

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:

Haratz & Stubbe LLC

Enter Name of the Converting Entity

2. The converting entity is a S 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 Florida - L12000161999
(Enter state, or if a non-U.S. entity, the name of the country)

on February 2, 2011
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:**

Haratz & Stubbe PA

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.

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Signed this 31st day of May, 2024

Required Signature for Florida Profit Corporation:

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

Signature: Viviana Stubbe
Printed Name: Vivianna Stubbe Title: President

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

Signature: Viviana Stubbe
Printed Name: Vivianna Stubbe Title: President

Signature: Sherley Haratz
Printed Name: Sherley Haratz Title: Vice President

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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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: Haratz & Stubbe PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

2980 NE 207th Street, Suite 706
Aventura, FL 33180

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide legal services.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Vivianna Stubbe, P

Address: 2980 NE 207th Street, Suite 706
Aventura, FL 33180

Name and Title: Sherley Haratz, VP

Address: 2980 NE 207th Street, Suite 706
Aventura, FL 33180

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

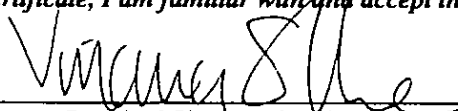
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Vivianna Stubbe
Address: 2980 NE 207th Street, Suite 706
Aventura, FL 33180

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

05/31/2024
Date

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