

P24000063946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

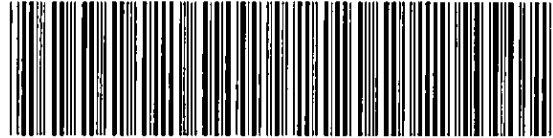
(Document Number)

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

Special Instructions to Filing Officer:

10/07/24

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08/20/24--01041--009 \*\*122.50

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2024 OCT 10 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

Dear Tabitha J. Howell,

As per your rejection letter, please note that the name of the corporation as set forth in the Florida Articles of Incorporation is listed correctly.

Current entity: Rafa Insurance Group LLC

Is converting into UltraFast Insurance Corp. as a Corporation.

Also, the percentage has been removed from authorized shares as requested.

Please file this paperwork as soon as possible and confirm once completed.

Thank you,

Danaise Abril



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2024

DANAISE Y. ABRIL  
8350 NW 52ND TERR, SUITE 301, PMB 8558  
MIAMI, FL 33166 US

SUBJECT: ULTRAFast INSURANCE CORP  
Ref. Number: W24000122557

The Certificate of Conversion must contain the name of the corporation as set forth in the Florida Articles of Incorporation.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

If you have any further questions concerning your document, please call (850) 245-6052.

Tabitha J Howell  
Regulatory Specialist II  
New Filings Section

Letter Number: 124A00019393

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: **ULTRAFAST INSURANCE 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:

**DANAISE Y. ABRIL**

Contact Person

**ULTRAFAST INSURANCE CORP**

Firm/Company

8350 NW 52ND TERR, SUITE 301, PMB 8558

Address

**MIAMI, FL 33166**

City, State and Zip Code

**RAFAINSURANCEGROUP@GMAIL.COM**

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

For further information concerning this matter, please call:

**DANAISE Y. ABRIL** at ( **786** ) **705-7232**

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

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:

RAFA INSURANCE GROUP LLC

Enter Name of the Converting Entity

2. The converting entity is a LIMITED LIABILITY COMP

(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 11/10/2021

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:

ULTRAFAST INSURANCE 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.

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SECRETARY OF STATE  
TALLAHASSEE, FL

Signed this 2ND day of AUGUST, 2024.

**Required Signature for Florida Profit Corporation:**

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

  
Printed Name: DANAISE Y. ABRIL Title: PRESIDENT

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

Signature: \_\_\_\_\_

Printed Name: DANAISE Y. ABRIL Title: PRESIDENT

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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SECRETARY OF STATE  
TALLAHASSEE, FL

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: ULTRAFAST INSURANCE CORP

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

8350 NW 52nd Terr, Suite 301, PMB 8558

Miami FL 33166

Mailing address, if different is:

8350 NW 52nd Terr, Suite 301, PMB 8558

Miami FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Insurance Agency

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Danaise Y. Abril, President

Address: 8350 NW 52nd Terr, Suite 301, PMB 8558

Miami FL 33166

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

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

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

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

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

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

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

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

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

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

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TALLAHASSEE, FL

**ARTICLE VI REGISTERED AGENT**

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

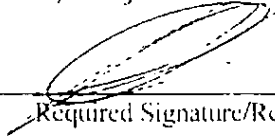
Name: Danaise Y. Abril

Address: 8350 NW 52ND TERR, SUITE 301, PMB 8558

MIAMI FL 33166

\*\*\*\*\*

*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

08/02/2024

\_\_\_\_\_  
Date

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TALLAHASSEE, FL