

P24000072641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

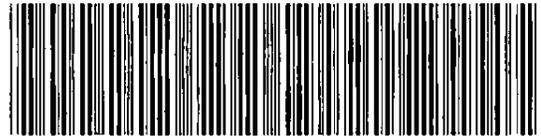
(Document Number)

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

Special Instructions to Filing Officer:

W24000149708  
11/25/24

Office Use Only



400437134174

11/04/24--01006--003 \*\*52.50

10/01/24--01017--004 \*\*52.50

FILED  
2024 NOV 25 PM 5:34  
CLERK OF COURT  
STATE OF MISSISSIPPI

30



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2024 NOV 25 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

November 5, 2024

IVELIS MARTIN JIMENEZ  
7135 W 2ND WAY  
HIALEAH, FL 33014 US

SUBJECT: IVE ACCOUNTING & TAX SERVICES LLC  
Ref. Number: W24000149708

We have received your document for IVE ACCOUNTING & TAX SERVICES LLC and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The registered agent must sign accepting the designation.

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.

Monique K Anderson  
Regulatory Specialist II

Letter Number: 524A00024320

RECEIVED  
2024 NOV 25 PM 5:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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:

**IVE ACCOUNTING & TAX SERVICES LLC**

Enter Name of the Converting Entity

2. The converting entity is a **IVE ACCOUNTING & TAX SERVICES LLC**

(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 **06/10/2023**

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**:

**IVE ACCOUNTING & TAX SERVICES 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  
2023 NOV 25 PM 5:34  
TALLAHASSEE  
FLORIDA

Signed this 22 day of October, 2024.

**Required Signature for Florida Profit Corporation:**

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

*[Signature]*

Printed Name: Ivelis Martin Title: President

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

Signature: *[Signature]*

Printed Name: Ivelis Martin Jimenez Title: President

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)

FILED  
2024 NOV 25 PM 5:34

**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: IVE ACCOUNTING & TAX SERVICES CORP

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

7135 W 2nd Way  
Hialeah, FL 33014

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Ivelis Martin (President)

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

Address: 7135 W 2<sup>nd</sup> Way  
Hialeah, FL 33014

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

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

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

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

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

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

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

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

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

NOV 25 PM 5:34  
1024  
7135 W 2<sup>nd</sup> Way  
Hialeah, FL 33014

**ARTICLE VI REGISTERED AGENT**

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

Name: Ivelis Martin Jimenez  
Address: 7135 W 2nd Way  
Hialeah, FL 33014

\*\*\*\*\*

*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

10/22/2024

\_\_\_\_\_  
Date

FILED  
2024 NOV 25 PM 5:34  
TAMPA COUNTY CLERK  
TAMPA, FLORIDA