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(F	Requestor's Name)	-
(A	Address)	
	Address)	<u> </u>
ν,	(daless)	•
(C	City/State/Zip/Phone #)	-
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETALY OF STATE
FALL AHASSEEL FLORIDA

COVER LETTER

TO: New Filing Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

SUBJECT: Kids Renew Behavior Services 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:

Magdiely Perez			
Contact Person			
Firm/Company			
27545 SW 133rd Path			
Address			
Homestead, FL 33032			
City, State and Zip Cod	e		
magdielyperez1@gmail		, . ,	
E-mail address: (to be used for future annual fo	•	ication)	
For further information concerning this matter. Magdiely Perez	at (702	,690	0-8621
Name of Contact Person		/	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 Fi and Certified	_	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:			Address:
New Filing Section Division of Corporations			Filing Section on of Corporations

The Centre of Tallahassee

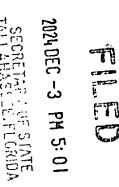
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 81

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:
Kids Renew Behavior Services 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 01/24/2023
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> Kids Renew Behavior 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: 01/01/2025
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid 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 20 day of Novembe	<u>r 20</u> 24	
Required Signature for Florida Profit Corporat	ion:	
Signature of Director, Officer, or, if Directors or O	·	orator:
Printed Name: Magdiely Perez Title: D	irector	
Required Signature(s) on behalf of Converting I companies: [See below for required signature(s).]		
Signature: Magdiely Perez	Manager	
Signature:		
Printed Name:		
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partnership:	
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	lity Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	ve.	
All others: Signature of an authorized person.		2024 DI SECT

Fees:

Articles of Conversion:

\$35.00

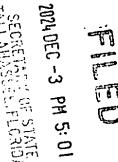
Fees for Florida Articles of Incorporation:

\$70.00

Certified Copy:

Certificate of Status:

\$8.75 (Optional) \$8.75 (Optional)



ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: Kids Renew	Rehavior Services Corn	
The name of the corporation shall be:	behavior dervices corp.	
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing address, if different is:	
27545 CW 422-d Dath		
27545 SW 133rd Path		
Homestead, FL 33032		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
The practice of Behavioral TI	herapy.	
	<u> </u>	
-		
		-F-3
ARTICLE IV SHARES	2014 DEC -3 TALLAH	0.0
The number of shares of stock is:	<u> </u>	
ARTICLE V OFFICERS AND/OR DIRECTORS	PE PE	8.00
Name and Title: Magdiely Perez- Director	Name and Title:	Care
Address: 27545 SW 133rd Path	Address:	
Homestead, FL 33032	Address.	
Name and Title:	Name and Title:	
Address:	Address:	
Name and Title:	Name and Title:	
Address:	Address:	

<u>ARTICL</u>			
The <u>name</u>	and Florida street address (P.O. Box NOT accept	ible) of the registered agent is:	
Name:	Magdiely Perez		
Address:	27545 SW 133rd Path		
	Homestead, FL 33032		
******** Havina ba	**************************************	**************************************	
		ocess for the above stated corporation at the place designs as registered agent and agree to act in this capacity	;natea in
	102	11/20/2024	
	Required Signature/Registered Agent	Date	

Electronic Articles of Organization For Florida Limited Liability Company

L23000044214 FILED 8:00 AM January 24, 2023 Sec. Of State oisimmons

Article I

The name of the Limited Liability Company is: KIDS RENEW BEHAVIOR SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:

10245 NW 9TH STREET CIR APT 114 MIAME FL. 33172

The mailing address of the Limited Liability Company is:

10245 NW 9TH STREET CIR APT 114 MIAMI, FL. 33172

Article III

The name and Florida street address of the registered agent is:

NEW HOPE CASE MANAGEMENT SERVICES INC 8180 NW 36 STREET SUITE 209 SUTTE 209 DORAL, FL. 33166

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MARCOS MARTINEZ

Article IV

The effective date for this Limited Liability Company shall be:

01/20/2023

Signature of member or an authorized representative

Electronic Signature: MAGDIELY PEREZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000044214

Entity Name: KIDS RENEW BEHAVIOR SERVICES LLC

: KIDS KEINEW BEHAVIOR SERVICES L

Current Principal Place of Business:

27545 SW 133RD PATH HOMESTEAD, FL 33032

Current Mailing Address:

27545 SW 133RD PATH HOMESTEAD, FL 33032 US

FEI Number: 92-1907338

Certificate of Status Desired: No

FILED Jan 12, 2024

Secretary of State

9678252978CC

Name and Address of Current Registered Agent:

PEREZ PEREZ, MAGDIELY 10245 NW 9TH STREET CIR APT 114 MIAMI, FL 33172 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title

MGR

Name

PEREZ, MAGDIELY

Address

10245 NW 9TH STREET CIR

APT 114

City-State-Zip: MIAMI FL 33172

SECRETANGE OF STATE

I horeby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAGDIELY PEREZ PEREZ

MRS.

01/12/2024