

P240000074328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

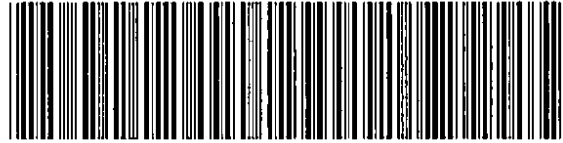
(Business Entity Name)

(Document Number)

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**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 12/11/2024  
Acc#120160000072

*mic DW*

Name:	ACA InsureMe, Inc.
Document #:	
Order #:	16034908

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Availability _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **113.75**

Thank you!

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ACA InsureMe, Inc.

\_\_\_\_\_  
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:

Catherine Crowley

\_\_\_\_\_  
Contact Person

Baker Hostetler

\_\_\_\_\_  
Firm/Company

1170 Peachtree Street, Suite 2400

\_\_\_\_\_  
Address

Atlanta, GA 30309

\_\_\_\_\_  
City, State and Zip Code

ccrowley@bakerlaw.com

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

For further information concerning this matter, please call:

Catherine Crowley

at (404) 946-9310

\_\_\_\_\_  
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 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

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CLERK OF COURT  
TALLAHASSEE, FL

**Articles of Conversion**  
For  
**Converting Eligible Entity**  
Into  
**Florida Profit Corporation**

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.

The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

CA InsureMe, Inc.

Enter Name of the Converting Entity

The converting entity is a Corporation

(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Delaware

(Enter state, or if a non-U.S. entity, the name of the country)

July 30, 2024

Enter date "Converting Entity" was first organized, formed or incorporated.

The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

CA InsureMe, Inc.

Enter Name of Florida Profit Corporation

This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its home/organic jurisdiction.

If not effective on the date of filing, enter the effective date: \_\_\_\_\_.

**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 used as the document's effective date on the Department of State's records.

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ed this 10th day of December, 20<sup>24</sup>

**Required Signature for Florida Profit Corporation:**

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

DocuSigned by:  
JOHN PEQUENO

9F9BA1D5898243E...

Signature: John Pequeno Title: President

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability**

**companies:** [Select below the name of the partnership(s).]

DocuSigned by:  
JOHN PEQUENO

9F9BA1D5898243E...

Signature: John Pequeno Title: President

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

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

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

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

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

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

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

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

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

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

**Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**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**

Name of the corporation shall be: ACA InsureMe, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal place of business/mailing address is:

Principal street address

200 Ocean Lane Drive

Key Biscayne, Florida 33149

Mailing address, if different is:

**ARTICLE III PURPOSE**

Purpose for which the corporation is organized is:

Engage in any lawful activity in which a corporation for profit may engage.

**ARTICLE IV SHARES**

Number of shares of stock is: 5,000 shares with a par value of \$1.00 per share.

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: John Pequeno, Director

Address: 200 Ocean Lane Drive, #1107

Key Biscayne, Florida 33149

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

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

CT Corporation System

1200 South Pine Island Road Plantation

FL 33324

\*\*\*\*\*

*When I have 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.*

CT Corporation System

/s/ David Westcott Assistant Secretary

12/11/2024

Required Signature/Registered Agent

Date

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STATE OF FLORIDA