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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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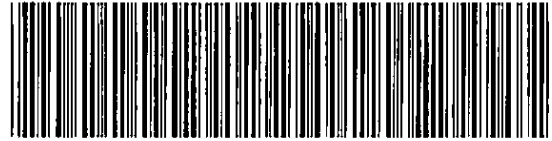
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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12/18/24-01029-004 \*\*113.75

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TALLAHASSEE, FL

**COVER LETTER**

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

**SUBJECT:** AGRICOLA MC 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:

HECTOR R. MUNOZ

Contact Person

AGRICOLA MC LLC

Firm/Company

912 ENGLISH CT

Address

TRINITY, NC 27360

City, State and Zip Code

agricolamc@icloud.com

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

For further information concerning this matter, please call:

HECTOR R. MUNOZ at (336) 549-6531

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached is a form to convert an "eligible business entity" into a "Florida Profit Corporation" pursuant to section 607.11933, Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

<b>Filing Fees:</b>	<b>\$105</b>	<b>(\$35 Conversion Fee and \$70 for Florida Profit Articles of Incorporation)</b>
<b>Certified Copy (optional):</b>	<b>\$8.75</b>	
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>	

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**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

For further information, you may contact the New Filings Section at (850) 245-6052.

**IMPORTANT INFORMATION:** Pursuant to section 607.1622 (9), F.S., "As a condition of a conversion of an entity to a corporation under s. 607.11930, the entity, if it exists under the laws of this state or if it exists under the laws of another jurisdiction and has a certificate of authority to transact business or conduct its affairs in this state, must be active and current in filing its annual reports in the records of the department through December 31 of the calendar year in which the articles of conversion are submitted to the department for filing."

CR2E105 (1/20)

**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:

**AGRICOLA MC 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 **11/25/2024**

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:**

**AGRICOLA MC INC.**

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: **12/10/2024**

(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.)

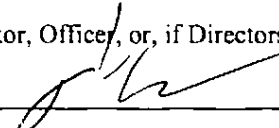
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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FLORIDA DEPARTMENT OF STATE  
2024 DEC 18 PM 3:42

Signed this 4 day of DECEMBER, 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: HECTOR MUNOZ Title: MGR

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

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

Printed Name: HECTOR R. MUNOZ Title: MGR

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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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

**ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA PROFIT CORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I    NAME**    AGRICOLA MC INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

912 ENGLISH CT  
TRINITY, NC 27360

SAME

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

TO IMPORT AND DISTRIBUTE FRESH FRUITS AND VEGETABLES, FROZEN  
FOOD PRODUCTS INCLUDING SEAFOOD, MEATS, AND READY TO COOK  
FROZEN FOODS. ALSO DISTRIBUTION OF NON-GLUTTEN FLOUR  
PRODUCTS.

**ARTICLE IV    SHARES**    10,000

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

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: HECTOR R. MUNOZ, MGR

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

Address: 912 ENGLISH CT  
TRINITY, NC 27360

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

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

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

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

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

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

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

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

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

REC-18 PM 3:42  
STATE  
FL

FILED

**ARTICLE VI REGISTERED AGENT**

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

Name: LUIS H. RODRIGUEZ

Address: 16156 SW 136 WAY  
MIAMI, FL 33196

\*\*\*\*\*

*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

12/4/2024

Date

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STATE OF FLORIDA