

L060000.58579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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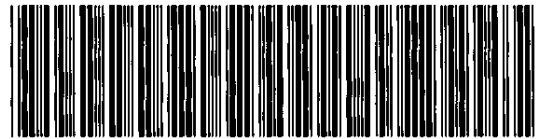
(Business Entity Name)

(Document Number)

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617106 Gloria

Pedro Donates / The Accounting

Requestor's Name

3971 sw 8th Street # 308

Address

Miami FL 33134

City

State

ZIP

Phone

(305) 461-0047B

VALIDATION ONLY

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CORPORATION(S) NAME

Atlantic Advisory Corporation

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- Limited Partnership
- Reinstatement
- Certified Copy
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**Certificate of Conversion**  
**for**  
**Florida Corporation**  
**Into**  
**Florida Limited Liability Company**

The Certificate of Conversion and attached Articles of Organization are submitted to convert the following Florida Corporation into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the Florida Corporation immediately prior to the filing of this Certificate of Conversion is:

**Atlantic Advisory Corporation**

PO1000044637

2. The other business entity is a **Corporation** first incorporated under the laws of **Florida** on the **3<sup>rd</sup> day of May, 2001.**
3. The jurisdiction of the Florida Corporation was not changed.
4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization:**

**Atlantic Advisory, LLC**

Signed this 7<sup>th</sup> day of June, 2006

  
\_\_\_\_\_  
Dario Raul Heiber, Director



*(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

**ATLANTIC ADVISORY, LLC**

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 AS PROVIDED FOR IN CHAPTER 608, F.S..

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



Registered Agent

REGISTERED AGENT NAME:

Dario Raul Heiber

ADDRESS:

19101 Mystic Pointe Drive, Tower 200, Suite 2411

CITY OF:

AVENTURA

COUNTY OF:

MIAMI-DADE

STATE OF:

FLORIDA