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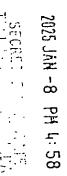
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
·
to change title
Permission to change title
18/2025

Office Use Only



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#### **COVER LETTER**

TO: New Filing S Division of O					
SUBJECT:	OMY (	Consulting	LLC	_	
	(Name of Res	sulting Florida Limited Cor	ndany)		
			d fees are submitted to ecordance with s. 605.1		ег
Please return all cor	respondence concernin	g this matter to:			
Omayro	(Contact Person)				
Omy C	Onsulting, (Firm/Company)	LLC			
2021 TV	(Address)	SLVD			
Kissimn	nee FL 3 City, State and Zip Code)	4746			
E-mail Address: (to	e Orry-Co	port notifications)	)M		
For further informat	ion concerning this ma	tter, please call:			
Orraya (Name of Cont	Mota	_at (	06-3847 rtime Telephone Number)	<del></del>	
	for the following amound a bank located in the		sed by this office must	be payable in U	S
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	2025 JAN -8 \$507577	12 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -
Mailing Ado New Filing S Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit	PH 4: 58	*



December 19, 2024

OMAYRA MOTA 2021 THE OAKS BLVD KISSIMMEE, FL 34746 US

SUBJECT: OMY GONSTRUCTION LLC

Ref. Number: W24000165999

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member":

If you have any further questions concerning your document, please call (850) 245-6052.

Tabitha J Howell Regulatory Specialist II New Filings Section

Letter Number: 024A00027594

constitution

www.sunbiz.org

#### **Articles of Conversion**

For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of New York (Enter state, or if a non-U.S. entity, the name of the country)
on March 6, 2024. (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Ony Consulting LLC (Enter Name of Florida Jimited Liability Company)
4. If not effective on the date of filing, enter the effective date: 12.16.2024.  (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 13 day of December	r 20 24	<del></del>	
Signature of Authorized Representative of Lin	nited Liabili	ty Company:	
Signature of Authorized Representative: Printed Name: Omayra Mota	MTZ Title:	<del>C20</del>	MGRM
Signature(s) on behalf of Other Business Entity:	[See below	for required si	gnature(s)
Signature: OMALICE Most.	( )n	*	
Signature: <u>Omayra Mota</u> Printed Name: <u>Omayra Mota</u>	Title:	DAMER	MGRM
Signature:			
Printed Name:	Title:		
Signature:			
Signature: Printed Name:	Title:		
Signature:			
Signature:Printed Name:	Title:		
Signature: Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director. o If Directors or Officers have not been selected, an I		nust sign.	
If Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partners	hip:	
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	lity Limited	Partnership:	
All others: Signature of an authorized person.			
East:			

Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$25.00 \$125.00

\$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
(Must contain the words "Limited Liability Company, "L.IC.," or "L.I.C.,")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:  Mailing Address:				
2021 The Oaks BLVD Kissimmer, FL 34746 SAML				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
Orrayra Mota				
2021 The Oaks BLVD Florida street address (P.O. Box NOT acceptable)				
Kissimmee FL 34746 City Zip				
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 605. F.S				
Registered Agent's Signature (REQUIRED)				
(CONTINUED)				
· <del></del> · · · · · · · · · · · · · · · · ·				

#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
<b>-</b>	"MGR" = Manager	Orrayra Mota 2021 The Daks Buro Kissimmer, Fl 34746
	(Use attachment if necessary)	
ARTIC	LE V: Other provisions, if any.	
•	REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any 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.

Mayra Mota
Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)

## ARTICLES OF ORGANIZATION OF

## OMY CONSULTING, LLC Under Section 203 of the Limited Liability Company Law

THE UNDERSIGNED, being a natural person of at least eighteen (18) years of age, and acting as the organizer of the limited liability company hereby being formed under Section 203 of the Limited Liability Company Law of the State of New York certifies that:

FIRST: The Name of the limited liability company is: OMY CONSULTING, LLC

SECOND: The county, within this state, in which the office of the limited liability

company is to be located is NEW YORK

THIRD: The Secretary of State is designated as agent of the limited liability company upon whom process against the limited liability company may be served. The post office address to which the Secretary of State shall mail a copy of any process against the limited liability company served upon the Secretary of State

INC AUTHORITY RA 42 BROADWAY, FL. 12-200 NEW YORK, NY 10004

by personal delivery is:

The email address to which the Secretary of State shall email a notice of the fact that process against the limited liability company has been served electronically upon the Secretary of State is:

OMAYRAMOTA@GMAIL.COM

FOURTH: The limited liability company designates the following as its registered agent

upon whom process against it may be served within the State of New York is:

INC AUTHORITY RA

42 BROADWAY, FL. 12-200 NEW YORK, NY 10004

FIFTH: The limited liability company is to be managed by: One or more managers

SIXTH: The existence of the limited liability company shall begin upon filing '8f

these Articles of Organization with the Department of State.

SEVENTH: The limited liability company shall have a perpetual existence.

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

**OMAYRA MOTA** (Signature)

OMAYRA MOTA, ORGANIZER 219 BRONX RIVER RD APT 5L YONKERS, NY 10704

Filed by:

OMAYRA MOTA 219 BRONX RIVER RD APT 5L YONKERS, NY 10704

2025 JAN -8 PH 4: 58

Filed with the NYS Department of State on 03/06/2024

Filing Number: 240306002725 DOS ID: 7272421

December 30, 2024

Florida Department of State

**Division of Corporations** 

PO BOX 6327

Tallahassee, FL 32314

Tabitha J Howell

Ref # W24000165999

Subject: OMY Consulting LLC

I am writing to request that the name of my LLC be corrected to reflect what is on the application. The name on the application is Omy Consulting LLC

Also, I have attached the application with the requested corrections.

If you have any questions, please contact me at 917-406-3847or via email omayra@omyconsulting.com.

Thank you for your time,

Omayra Mota

Omy Consulting, LLC

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