# La5000050372

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer: 0121(25
Special instructions to Filing Officer: 01/21/25
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Office Use Only



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January 7, 2025

VICTOR HERAS ESPINOSA MMP AGENCY LLC 2201 MENAUL BLVD. NE, SUITE A ALBUQUERQUE, NM 87107 US

SUBJECT: MMP AGENCY LLC Ref. Number: W25000001589

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

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 725A00000348

Rickey L Richardson Regulatory Specialist II

www.sunbiz.org

### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: MMP AGENCY LLC		
(Name of Re	esulting Florida Limited	Company)
The enclosed Articles of Conversion, Articles Entity" into a "Florida Limited L	cles of Organization Liability Company"	and fees are submitted to convert an "Othe in accordance with s. 605.1045, F.S.
Please return all correspondence concernit	ng this matter to:	
VICTOR HERAS ESPINOSA		
(Contact Person)	<u></u>	
BASIC TAX SERVICES, LLC		
(Firm/Company)		
3412 COUNTRY HOUSE DR		
(Address)		
SORRENTO, FL 32776		
(City, State and Zip Code)		
information@basictaxservices.com		
E-mail Address: (to be used for future annual r	report notifications)	
For further information concerning this m	atter, please call:	
JAIRO ALBERTO NAVAS GUEVARA	at ( )	(Daytime Telephone Number)
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the		ocessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fo and Certified Copy	ces S185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D T	treet Address:  The William Section  The Section of Corporations  The Centre of Tallahassee  415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## 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:  MMP AGENCY LLC	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	_
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
07/06/2023 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  MMP AGENCY LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
(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 08 day of JANUARY	_ 20	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative:	Title: MEMBER MANAGER	
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)	
Signature: Victor Heras Printed Name: VICTOR HERAS ESPINOSA	THE MEMBER MANAGER	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title	
Signature:Printed Name:	Title:	
Signature:	T'.1	
Printed Name:		
Signature:Printed Name:		2024 - Ten
If Florida Corporation:	Officer	
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	corporator must sign.	` ~ <del>5</del>
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	tv Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fees:</u>		
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

N	MP AGENCY LLC	
(Must contain the words "Lin	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	s of the principal office of the Limited Liabili	ity Company i
Principal Office Address:	Mailing Address:	
7450 NW 100TH CT	7450 NW 100TH CT	
DORAL FL 33178	DORAL FL 33178	<u> </u>
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Sig	;nature:
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration	egistered Office, & Registered Agent's Sig s own Registered Agent. You must designate an individual	gnature: or another
(The Limited Liability Company cannot serve as it	s own Registered Agent. You must designate an individual )	gnature: or another
(The Limited Liability Company cannot serve as it business entity with an active Florida registration	s own Registered Agent. You must designate an individual of the registered agent are:	or another
(The Limited Liability Company cannot serve as it business entity with an active Florida registration.)  The name and the Florida street addre	s own Registered Agent. You must designate an individual of the registered agent are:	gnature: or another
(The Limited Liability Company cannot serve as it business entity with an active Florida registration.)  The name and the Florida street addre	s own Registered Agent. You must designate an individual of the registered agent are:  CES, LLC  Name	or another
(The Limited Liability Company cannot serve as it business entity with an active Florida registration  The name and the Florida street addre  BASIC TAX SERVI	s own Registered Agent. You must designate an individual of the registered agent are:  CES, LLC  Name	or another
(The Limited Liability Company cannot serve as it business entity with an active Florida registration  The name and the Florida street addre  BASIC TAX SERVI	s own Registered Agent. You must designate an individual  ss of the registered agent are:  CES, LLC  Name  OUSE DR	or another

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 Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGRM	VICTOR HERAS ESPINOSA 7450 NW 100TH CT DORAL FL 33178		
	<u> </u>		
	· ·		
(Use attachment if necessary)			
	•		
LE V: Other provisions, if any.	· :		
REQUIRED SIGNATURE:			
REGUIRED SIGNATURE:	ctor Heras		
1//	CARL VICATA		
Va			
Va	700 110000		
Signature of a member of	r an authorized representative of a member		
Signature of a member of	r an authorized representative of a member		
Signature of a member of This document is executed in accordant any false information submitted in a doc	r an authorized representative of a member		
Signature of a member of	r an authorized representative of a member		

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)