# UU500053937

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

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### **CORPORATE** ACCESS,

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INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### TATALE IN

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	PICE	UP: <u>Danny</u> //28/25	
	CERTIFIED COPY		2)725
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x	FILING	DOMESTICATION LLC	
1.	HOLY WORLD PROPE (CORPORATE NAME AND DOCK	RTY MANAGEMENT LLC	: 4.7
2.	(CORPORATE NAME AND DOCU	JMENT #)	
3.	(CORPORATE NAME AND DOCK	IMENT #)	
4.	(CORPORATE NAME AND DOCU	JMENT #)	
5.	(CORPORATE NAME AND DOCU	IMENT #)	
6.	(CORPORATE NAME AND DOC	JMENT #)	
SPECIA	L INSTRUCTIONS:		
			<del></del> .

#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: HOLY WORLD PROPERTY MANAGEMEN	TLLC
(Name of Resulting Florida Limited Comp	
The enclosed Articles of Conversion, Articles of Organization, and Business Entity" into a "Florida Limited Liability Company" in acc	fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:	72 (72) (71)
ALEJANDRO QUIROZ	
(Contact Person)	$\overline{\mathbf{c}}_{i}$
HOLY WORLD PROPERTY MANAGEMENT LLC	
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
545 NE 179TH DR	
(Address)	
MIAMI, FL 33162	
(City, State and Zip Code)	
gerencia@expresosigłoxxi.com	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
ALEJANDRO QUIROZ at (305) 522	2-7123
(Name of Contact Person) (Area Code) (Dayti	me Telephone Number)
Enclosed is a check for the following amount: (All checks processed dollars and drawn on a bank located in the United States)	ed by this office must be payable in US
SSISO.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  □ \$155.00 Filing Fees and Certified Copy  □ \$180.00 Filing Fees and Certified Copy	☐S185.00 Filing Fees. Certified Copy, and Certificate of Status
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New F Division The Co	Address: iling Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

 $A_{k}(x) = A_{k}(x) + \cdots + A_{k}(x)$ 

## 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	1 IS:
HOLY WORLD PROPERTY MANAGEMENT LLC	63	
(Enter Name of Other Business Entity)	. ) Li	,, 
2. The "Other Business Entity" is a FOREIGN LIMITED LIABILTY COMPANY	<u></u>	* 845
(Enter entity type. Example: corporation, limited partnership, general partnership, common law	or business t	rust, etc.)
First organized, formed or incorporated under the laws of ILLINOIS	,	_ 🗇
(Enter state, or if a non-U.S. entity, the name	of the countr	(y)
on 10/28/2022 (date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of HOLY WORLD PROPERTY MANAGEMENT LLC	of Organiz	ation:
(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 cal 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 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 4TH day of FEBRUARY	20_25
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Alejan Printed Name: ALEJANDRO QUIROZ	dro Quiroz  Title: AMBR
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)
Signature: Alexandro Quiroz Printed Name: Alexandro Quiroz	
Signature: Jennifer Quiroz  Printed Name: Gennifer Quiroz	Title: AMBR
Signature: <u>Lucy Victoria</u> Printed Name: <u>Lucy Victoria</u>	· · ·
Signature: <u>Agar Quiroz</u> Printed Name: <u>Edgar Quiroz</u>	,
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. orporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y 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

	PROPERTY MAN		<del></del>
(Mu	st contain the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	dress:		
		of the principal office of the Limited Lia	bility Company i
Principal Office A	ddress:	Mailing Address:	73.55 ci
545 NE 179TH DR		545 NE 179TH DR	i
		545 NE 175111 DIV	
MIAMI, FL 33162  ARTICLE III - Re	egistered Agent, Re	miami, FL 33162  gistered Office, & Registered Agent's	Signature:
ARTICLE III - Re (The Limited Liability Co- business entity with an a	empany cannot serve as its ective Florida registration.)	<del></del>	Signature:
ARTICLE III - Re (The Limited Liability Co- business entity with an a	empany cannot serve as its ective Florida registration.)	miami, FL 33162  gistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are:	Signature:
ARTICLE III - Re (The Limited Liability Co- business entity with an a	ompany cannot serve as its extremely serve as	miami, FL 33162  gistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are:	Signature:
ARTICLE III - Re (The Limited Liability Co- business entity with an a	ompany cannot serve as its extremely serve as	MIAMI, FL 33162  gistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are:	Signature:
ARTICLE III - Re (The Limited Liability Co- business entity with an a	ompany cannot serve as its ective Florida registration.) Florida street address ALEJANDRO QUIF	MIAMI, FL 33162  gistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are:	Signature:
ARTICLE III - Re (The Limited Liability Co- business entity with an a	ompany cannot serve as its ective Florida registration.) Florida street address ALEJANDRO QUIF	miami, FL 33162  gistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are:  ROZ  Name	Signature:

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.

Alexandro Quiroz
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	ALEJANDRO QUIROZ	
_AMBR	545 NE 179TH DR	
	MIAMI, FL 33162	
AMBR	JENNIFER QUIROZ	
	545 NE 179TH DR	
	MIAMI, FL 33162	
		22.2
AMBR	LUCY VICTORIA	
	545 NE 179TH DR	·i
	MIAMI, FL 33162	
AMBR	EDGAR QUIROZ	!
	545 NE 179TH DR	
	MIAMI, FL 33162	
(Use attachment if necessary)		
CLE V: Other provisions, if any.		
DEGLEDED CLONATURE		
<u>REQUIRED</u> 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.

ALEJANDRO QUIROZ

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)