# LZ5000063Z91

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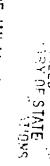




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January 27, 2025

ALEXA ARTIS 2400 NE 65TH ST. #732 FT LAUDERDALE, FL 33308 US

SUBJECT: ALNIC

Ref. Number: W25000010006

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

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator: If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Matthew H Hitchcock Regulatory Specialist II

Letter Number: 825A00001626

#### **COVER LETTER**

Division of Corporations
SUBJECT: AMIC
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Alexa Artis
Alvic  (Contact Person)  Alvic
(Firm/Company) 2400 NE 65 <sup>th</sup> St. #732
(Address)
Ff Lauderdale, FL 33308
(City, State and Zip Code)
alniccompany@proton. me
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Alexa Artis at (804) 801 6845
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion and Certificate of \$180.00 Filing Fees and Certified Copy and Certificate of Status  \$150.00 Filing Fees and Certified Copy and Certificate of Status
Mailing Address:  Street Address:
New Filing Section  Division of Corporations  New Filing Section  Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### **Articles of Conversion**

For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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 limited limited limited 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 North Carolina (Enter state, or if a non-U.S. entity, the name of the country)
on 13th March 7023 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Alnic .
(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

S	igned this 6th day of January	_20 <u>_<b>15</b></u>
<u>s</u>	ignature of Authorized Representative of Limi	ted Liability Company:
S P	ignature of Authorized Representative:	Title: Divector
<u>s</u>	ignature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
S P	ignature: rinted Name: ALXG ACTS	Title: Owner Director
S	ignature:	
P	rinted Name:	Title:
S P	ignature:rinted Name:	
S	ignature:	Title
P	ignature:rinted Name:	
S	ignature:	
P	ignature:	Title:
S	Florida Corporation: ignature of Chairman, Vice Chairman, Director, or Directors or Officers have not been selected, an In	
_	f Florida General Partnership or Limited Liabili ignature of one General Partner.	ty Partnership:
_	f Florida Limited Partnership or Limited Liabili ignatures of <u>ALL</u> General Partners.	ty Limited Partnership:
	ull others: ignature of an authorized person.	
<u>F</u>	ees:	
	Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principle.	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2400 NE 65th St.	2400 NE 65th 51.
Ft. Lauderdale, FL 33308	Ft. Lauderdale, FL 33308
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Alexa Actis	
Nam	_
7400 NE 65 <sup>th</sup> Florida street address (P.C	). Box NOT acceptable)
Ft. Lauderdale City	FL 33308
City	Zip
liability company at the place designated is registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as ecity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S
(CONTI	NUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager 	Alexa Artis 2400 NE 65th St. #732 Fl. Landerdale, FL 33308
<del></del>	
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(Use attachment if necessary)	
(Use attachment if necessary)   LE V: Other provisions, if any.	
·	
LE V: Other provisions, if any.	+111 ==================================
LE V: Other provisions, if any.	M
REQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awarment to the Department of State constitutes a third degree
REQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree
REQUIRED SIGNATURE:  Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am awar

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

ARTICLE IV-

Company: