

L22000456925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

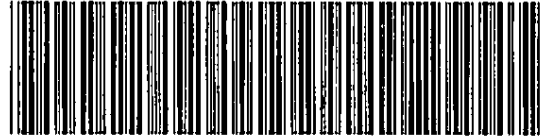
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

Office Use Only



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10/28/22--01009--010 \*\*25.00

10/28/22--01009--010 \*\*180.00

2022 OCT 13 PM 4:37

Conversion/New Filing

OCT 25 2022

D CUSHING

w22000124355

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** LILYDAY LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Domestication **of a Non-U.S. Entity** and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CYNTHIA HEIDKAMP  
Name of Person

LILYDAY LLC  
Firm/Company

1203 CHELMSFORD COURT  
Address

NAPLES, FLORIDA 34104  
City/State and Zip Code

CHEIDKAMP@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA HEIDKAMP at ( 708 ) 860-7425  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Domestication: \$25  
Articles of Organization: \$125  
Total to Domesticate and file: \$150

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2022

CYNTHIA HEIDKAMP  
LILYDAY LLC  
1203 CHELMSFORD COURT  
NAPLES, FL 34104

SUBJECT: LILYDAY LLC  
Ref. Number: W22000124355

We have received your document for LILYDAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are trying to change Illinois LLC to a Florida LLC you have completed the wrong form. The Domestication form is for out of the county entities not a US entity. You will need to file a Conversion form which I have attached for your convenience.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 922A00021875

*Thank you,  
Filing attached!*

RECEIVED  
OCT 13 2022

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

2022 OCT 13 PM 3:17  
STATE OF FLORIDA  
DEPARTMENT OF STATE

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:

Lilyday LLC  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC 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 Illinois  
(Enter state, or if a non-U.S. entity, the name of the country)

on 9/18/2021  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Lilyday 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 10<sup>th</sup> day of October 2022.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Cynthia Heidkamp  
Printed Name: Cynthia Heidkamp Title: Manager

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: [Signature]  
Printed Name: Dennis Heidkamp Title: Manager

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Lilyday LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

1203 Chelmsford Ct.  
Naples Florida  
34104

- Same -

**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:

Cynthia Heidkamp  
Name

1203 chelmsford Court  
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34104  
City Zip

2022 OCT 13 PM 4:37

*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..*

Cynthia Heidkamp  
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:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

Cynthia Heidkamp  
1203 Chelmsford Ct.  
Naples FL 34104

Dennis Heidkamp  
1203 Chelmsford Ct.  
Naples FL 34104

(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

N/A

**REQUIRED SIGNATURE:**

Cynthia Heidkamp

**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.

Cynthia Heidkamp

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)**