L22000456925

(Re	questor's Name)	
(Ad	dress)	
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(/)	diess)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(— —	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to		
Special Instructions to	Filing Officer:	
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Office Use Only



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OCT 2.5 2022

D CUSHING

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: LILYDAY LLC	
Name of L	imited 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	
Nane of Person	
LILYDAY LLC	
Firm/Company	
1203 CHELMSFORD COURT	
Address	2522
NAPLES, FLORIDA 34104	2522 OCT 13
City/State and Zip Code	
CHEIDKAMP@COMCAST.NET	
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please of	:all:
CYNTHIA HEIDKAMP 7	08 860-7425
Name of Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Articles of Domestical	tion: \$25

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



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

CETVED OCT 13 2022

Thank you, Filing attached!

www.sunbiz.org

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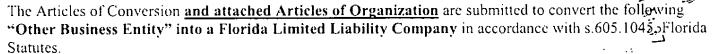
Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



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)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC Limited Liability Compa
First organized, formed or incorporated under the laws of
on $\frac{9 18/202 }{\text{(date of organization, formation or incorporation)}}$
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
(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 day of October	20 22 .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Cynt Printed Name: Cynthia Heidkamp	hia Heidkamp Tille: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: A 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 If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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 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 pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1203 Chelmsford Ct. Naples Florida 34104	-same-
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are: 😝
1203 chelms	5 31073
Florida street address (P.O. Naples City	FL 34/04 37 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..

Cynthia Heidkamp

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Curchia Heidkamp
	1203 Chelms ford Ct.
	Naples FL 34/04
04 C O	Danie Hailking
MGR	Dennis Heidkamp
	Naples FL 34/04
The attachment if magazanu)	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
	NIA
	
REQUIRED SIGNATURE:	
	li. Ob.
	Heidkamp
Cynthin 4	Ų
Signature of a member or a	an authorized representative of a member
Signature of a member or a This document is executed in accordance any false information submitted in a document	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
Signature of a member or a 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 aware nent to the Department of State constitutes a third degree for
Signature of a member or a 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 aware nent to the Department of State constitutes a third degree for
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	Ų

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-

Company: