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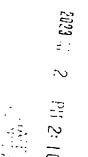
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

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TO: New Filing S Division of C				
SUBJECT. REGINA	KINGSPOINTE HOLDI	NGS LLC		
5005CC1.	(Name of Res	sulting Florida Limit	ed Con	npany)
				d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Celia Regina Ferreira				
	(Contact Person)			
Regina Kingspointe He	oldings LLC			
	(Firm/Company)	 		
7075 Kingspointe Pkw	y Ste 2			
	(Address)			
Orlando, FL 32819				
((City, State and Zip Code)			
cf@active-cm.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Andre Freitas		_at (690-9	9173
(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop.		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add				Address:
-			Filing Section ion of Corporations	
P.O. Box 632	•			Centre of Tallahassee
Tallahassee, I				N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

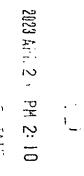
Florida Limited Liability Company

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 is:

REGINA KINGSPOINTE HOLDINGS LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(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)
06/03/2022 (iii
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: REGINA KINGSPOINTE HOLDINGS 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.)
<u>Note:</u> 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 13th day of April	20 <u>23</u> .
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative:	
Signature of Authorized Representative:	- Huur
Printed Name: Celia Regina Ferreira	Title: Managing Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Celia Fener	
Printed Name: Celia Regina Ferreira	Tist President
Printed Name: Cella Regilia Ferreira	
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
e!	
Signature:Printed Name:	Title
Trined Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Dartnarchine
Signature of one General Partner.	ty l'articismp.
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
All othores	
All others: Signature of an authorized person.	
orginature 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 1 - Name: The name of the Limited Liability Company is:		
REGINA KINGSPOINTE HOLDINGS LLC		
(Must contain the words "Limited Liability C	ompany, "L.L.C.," or "LI.C.")	
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
7075 Kingspointe Pkwy. Ste 2	7075 Kingspointe Pkwy. Ste 2	
Orlando, FL 32819	Orlando, FL 32819	
		
ARTICLE III - Registered Agent, Registered Of the Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registration.	d Agent. You must designate an individual or another	
Celia Regina Ferreira		
Name		
7075 Kingspointe Pkwy Ste 2		
Florida street address (P.O. B	ox NOT acceptable)	
Orlando	FL 32819	
City	Zip	
Having been named as registered agent and to acliability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as regist Registered Agent's Signature.	is certificate. I hereby accept the appointme. I further agree to comply with the provisio formance of my duties, and I am familiar wi tered agent as provided for in Chapter 605.	nt as ns of all th and
(CONTINUE	ED)	2023 APR 2

ARTICLE IV-

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
MGRM	Celia Regina Ferreira			
	7075 Kingspointe Pkwy. Ste 2			
	Orlando, FL 32819			
	<u> </u>			
(Use attachment if necessary)				
LE V: Other provisions, if any.				
•				
	· · · · · · · · · · · · · · · · · · ·			
DEALIDED SIGNATURE.				
REQUIRED SIGNATURE:				
Celia Ferri				
Cona fermi				

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.

Celia Regina Ferreira

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)

2023 API. 2 - PM 2