# 121000407211

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

Office Use Only



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09/13/21--01021--018 \*\*150.00

2021 SEP 13 AM IO: 56
SECRETARY OF STATE

N

### **COVER LETTER**

TO: New Filing Division o	g Section of Corporations		
SUBJECT:	Maison Pro (Name of Re	perty Gr sulting Florida Limited	Company)
		•	n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all c	orrespondence concernir	ig this matter to:	
Khaison Maison	(Contact Person)  Property (5)  (Firm/Company)	roup LLC	
1148 C	ourtney Trace	e Dr. Apti	307
Branc	$\frac{33}{40.5}$ (City. State and Zip Code)	511	
E-mail Address: (	e. Maso 910 to be used for future annual re	ean Ogma	i /· (UV)
For further inform	nation concerning this ma	itter, please call:	
Kycvec (Name of C	ontact Person)	at ( <u> </u>	(Daytime Telephone Number)
dollars and drawn	on a bank located in the	United States)	ocessed by this office must be payable in US
\$150.00 Filing Fe (\$25 for Conversion & \$125 for Articles of Organization)	es \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy	ees
Mailing A New Filing Division o P.O. Box 6	g Section of Corporations	N D	treet Address:  ew Filing Section  vivision of Corporations  he Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

FILED

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SECRETARY OF STATE TALLAMASSEE, FL

## 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:  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Limited Liability</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of(September 5000) (Enter state, or if a non-U.S. entity, the name of the country)
on 10/2/2020 (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 Plorida 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 9 day of Septem be	<u>v</u> 20 21 .
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative:	Rhouse Tille: <u>Pegistered</u> Agent
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: <u>VB. nove</u> Printed Name: <u>Khavene</u> Browne	Title: Pegyskred agen
Signature: RAMON BROWNE	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership;
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> 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

Maison Proper	mind Liability Company, "L.L.C.," or "L.L.C.")
(Must contain the words "Li	mitted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addres	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

1148 Courtney Trace Dr. Same Brandon FI 33511 1148 Court ney Trace Apt 202 Brandon f	Dr. 13351	1
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:	2021	· , p.s.
Kharene Browne	SEP 13 A	
Florida street address (P.O. Box NOT acceptable)	1	C

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### 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	Knarene Browne 1148 Courtney Trace Dr. Apt 202 Brandon F1 33511
AMBR	Ramon Browne 1148 Courtney Trace Jr. 9pt 202 Brandon F1 33511
	2791 SEP
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	OF STATE
REQUIRED 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.

BROWNE
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)