L15000109884

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		<u></u> .

Office Use Only



200274320852

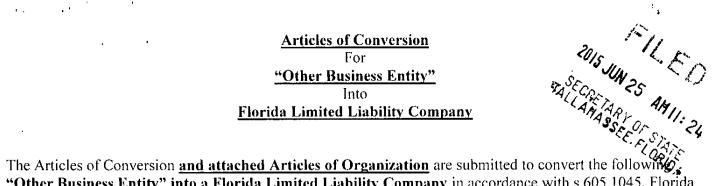
06/25/15--01010--016 **180.00

2015 JUN 25- AH 11: 24
SECRETARY OF STATE
WALLAND SEE STATE

COVER LETTER

Division of C	orporations				
SUBJECT: ALICIA I	REDERICK, LLC				
30b0EC1		of Resulting Florida	Limited	d Company)	
		•		d fees are submitted to convert an "coordance with s. 605.1045, F.S.	Other
Please return all corre	espondence concernin	g this matter to:			
ALICIA M. FREDERIC	K				
	(Contact Person)				
	(Firm/Company)				
6871 SPERONE ST					
	(Address)				
ORLANDO, FL 32819					
•	City, State and Zip Code)				
ALICIA@ALICIAFREE		·			
E-mail Address: (to b	e used for future annual re	port notifications)			
For further information	on concerning this ma	tter, please call:			
ALICIA M. FREDERIC	K	at (³²¹	354-8	070	
(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)	
Enclosed is a check f	or the following amou	int:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAILI	NG A	ADDRESS:	
Registration Section		Registra			
Division of Corporat	ions	Division P. O. Bo		orporations	
Clifton Building 2661 Executive Cent	er Circle			27 FL 32314	
Tallahassee, FL 323		i anana	ooct, I	1 L J4J1T	

TO: Registration Section



"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Othe ALICIA FREDERICK REALT		mmediately prior to the filing of the Articles of Conversion is:
		Other Business Entity)
2. The "Other Business E	ntity" is a	ATION
	(Enter entity	y type. Example: corporation, limited partnership, partnership, common law or business trust, etc.)
First organized, formed or	· incorporated under	the laws of
on 04/14/2015 (date of organization, form	•	(Enter state or if a non LLS, entity, the name of the country)
3. The name of the Florid ALICIA FREDERICK, LLC	a Limited Liability	Company as set forth in the attached Articles of Organization:
(E	Enter Name of Florida L	imited Liability Company)
(The effective date: 1) can date this document is filed date listed in the attache	annot be prior to ded by the Florida Ded Articles of Organist block does not meet the	the effective date: ate of receipt or filed date nor more than 90 days after the Department of State; AND 2) must be the same as the effective nization, if an effective date is listed therein.) the applicable statutory filing requirements, this date will not be listed as the streeords.
5. The plan of conversion	has been approved	in accordance with all applicable statutes.

Page 1 of 2

,	
Signed this 22nd day of JIMI	_20 <u>_15</u> .
Signature of Authorized Representative of Limis	ted Liability Company:
Signature of Authorized Representative: Printed Name: ALICIA M. FREDERICK	Title: MGR, OWNER
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature:	Title: DIRECTOR, OWNER
Signature:Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit 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

The Mark of the Control of the Contr

Δ	IJ,	П	CI	Æ	1	_ N	la	m	٥.
7	1.		•	-		- 17	เล	ш	

The name of the Limited Liability Company is:

ALICIA FREDERICK, LLC

(Must end with 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:

<u> Mailing Address:</u>	
6871 SPERONE ST	
ORLANDO, FL 32819	
	6871 SPERONE ST

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

(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:

JOHN IVEY	
	Name
35 W. PINE ST, SUITE 21	9
Florida street address	(P.O. Box NOT acceptable)
ORLANDO	FL 32801
City	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	ALICIA M. FREDERICK
	6871 SPERONE ST
	ORLANDO, FL 32819
,	
effective date is listed, the date m	n the date of filing: (OPTIONAL ust be specific and cannot be more than five business de
CLE V: Effective date, if other than effective date is listed, the date model of days after the date of filing.) If the date inserted in this block does not	ust be specific and cannot be more than five business defined the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than effective date is listed, the date mode days after the date of filing.) If the date inserted in this block does not not sent's effective date on the Department of S	ust be specific and cannot be more than five business defined the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than effective date is listed, the date mode days after the date of filing.) If the date inserted in this block does not nearly effective date on the Department of S	ust be specific and cannot be more than five business defined the applicable statutory filing requirements, this date will not be litate's records.
CLE V: Effective date, if other than effective date is listed, the date model of filing.)	ust be specific and cannot be more than five business defined the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than effective date is listed, the date mode days after the date of filing.) If the date inserted in this block does not not in seffective date on the Department of SCLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605.0 onstitutes an affirmation under the am aware that any false information.)	neet the applicable statutory filing requirements, this date will not be litate's records. The applicable statutory filing requirements, this date will not be litate's records. The applicable statutory filing requirements, this date will not be litate's records. The applicable statutory filing requirements, this date will not be litate's records. The applicable statutory filing requirements, this date will not be litate's records.
CLE V: Effective date, if other than effective date is listed, the date mode days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of S CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605.0 onstitutes an affirmation under the	neet the applicable statutory filing requirements, this date will not be litate's records. The control of this document penaltics of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.)

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2