## 617000030262

(Requestor's Name)
(Address)
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( dailed,
(C) (O) to (7) (D) and (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Cartificat Caning Cartificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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T. BURCH FEB 1 0 2017

## **COVER LETTER**

TO: Registration S Division of C				
SUBJECT: Prestige I	Enterprises of Naples LLC			
	(Name of Res	sulting Florida Limite	ed Com	pany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Michael VonPlinsky				
	(Contact Terson)			
BIZolutions Consulting				
	(Firm/Company)			
15645 Ocean Walk Circl	le #210			
	(Address)			
Fort Myers, FL 33908				
(1	City, State and Zip Code)			
mvp@bizolutionsconsul	t.com			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Michael VonPlinsky		at ( <sup>239</sup>	896-2	847
(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
	for the following amount a bank located in the		rocess	ed by this office must be payable in US
\$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 Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	SS:	MAILI	NG A	ADDRESS:
Registration Section		Registra		
Division of Corporat	tions			orporations
Clifton Building 2661 Executive Cent	tar Circla	P. O. Be		27 FL 32314
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Tallahassee, FL 32301



January 6, 2017

MICHAEL VONPLINSKY 15645 OCE3AN WALK CIRCLE #210 FORT MYERS, FL 33908

SUBJECT: PRESTIGE ENTERPRISES OF NAPLES LLC

Ref. Number: W17000001168

We have received your document for PRESTIGE ENTERPRISES OF NAPLES LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

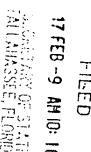
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 817A00000356

Tim Burch Regulatory Specialist III

www.sunbiz.org

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



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.

Prestige Enterprises of Naples INC.	(Enter Name of Other Business Entity)	
2. The "Other Business Entity"	Corporation .	
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incor	porated under the laws of Florida	
on 2/7/2014 (date of organization, formation o	(Enter state, or if a non-U.S. entity, the name of the coun	try)
3. The name of the Florida Lim	nited Liability Company as set forth in the attached Articles of Organi	zation:
Prestige Enterprises of Naples LLC		
(Enter N	ame of Florida Limited Liability Company)	
	f filing, enter the effective date: 12/31/2016	
date this document is filed by date listed in the attached Art	be prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; <u>AND</u> 2) must be the same as the e- icles of Organization, if an effective date is listed therein.) a does not meet the applicable statutory filing requirements, this date will not be listed artment of State's records.	ffective
The state of the s		

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 t	this 31st	day of December	20_16			
<u>Signatu</u>	re of Authori	zed Representative of Limit	ted Liability Company:			
Signatur Printed 1	re of Authorize Name: Michael V	ed Representative:	Title: Registered Agent	-		
Signatu	re(s) on behali	f of Other Business Entity: [	See below for required signature(s)]			
Signatur	e:	work Pecinan	Title: President	_		
Printed 1	Name: Frank De	Cicco	Title: President	-		
Printed 1	Name:		Title:	_		
Signatur	e:		-			
Printed 1	Name:		_ Title:	-		
Signatur	e:					
Printed 1	Name:		_ Title:	<del>-</del> -		
Signatur	re:					
Printed 1	Name:		_ Title:		17	
Signatur	e:				833	
Printed 1	Name:		Title:		9-1	1
If Floric	la Corporatio	n:				ED
Signatur	e of Chairman,	Vice Chairman, Director, or 0			Ċ	0
If Direct	ors or Officers	have not been selected, an Inc	orporator must sign.		10	
	<b>ia General Pa</b> e of one Gener	<mark>rtnership or Limited Liabilit</mark> al Partner.	y Partnership:			
	la Limited Pares of <u>ALL</u> Ger	rtnership or Limited Liabilit neral Partners.	y Limited Partnership:			
All othe Signatur	e <u>rs:</u> re of an authori	zed person.				
Fees:						
i (	Articles of Cor Fees for Florid Certified Copy Certificate of S	a Articles of Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compar	ny is:	
Prestige Enterprises of Naples 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 Lia	bility Company is:
Principal Office Address:	Mailing Address:	
1625 Windy Pines Dr	SAME	
Naples, FL 34112		
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Michael VonPlinsky	n Registered Agent. You must designate an individ	ual or another
• · · · · · · · · · · · · · · · · · · ·	Name	-9 -1
15645 Ocean Walk Circle Florida street address	#210 (P.O. Box <u>NOT</u> acceptable)	FILED  -9 AM ID: 10  ASSEE FLORIDA  ASSEE FLORIDA
Fort Myers	FL 33908	₹ <sup>61</sup> <b>0</b>
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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Frank DeCicco
	1625 Windy Pines Dr.
	Naples, FL 34112
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nn effective date is listed, the date mu	the date of filing: 12/31/2016 . (OPTIONAL) st be specific and cannot be more than five business days p
FICLE V: Effective date, if other than to an effective date is listed, the date must r 90 days after the date of filing.)	st be specific and cannot be more than five business days p et the applicable statutory filing requirements, this date will not be listed a
FICLE V: Effective date, if other than to an effective date is listed, the date must r90 days after the date of filing.)  If the date inserted in this block does not mediate.	st be specific and cannot be more than five business days p et the applicable statutory filing requirements, this date will not be listed a
FICLE V: Effective date, if other than to an effective date is listed, the date must r 90 days after the date of filing.)  If the date inserted in this block does not meant's effective date on the Department of Sta  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	et the applicable statutory filing requirements, this date will not be listed a te's records.
FICLE V: Effective date, if other than to an effective date is listed, the date must represent the date of filing.)  If the date inserted in this block does not mean ment's effective date on the Department of State of the Department of S	et the applicable statutory filing requirements, this date will not be listed a te's records.
FICLE V: Effective date, if other than to an effective date is listed, the date must report of the date of filing.)  If the date inserted in this block does not mean ment's effective date on the Department of State of the Department of S	ber or an authorized representative of a member.  a accordance with section 605.0203 (1) (b), Florida Statutes.  ber or submitted in a document to the Department of State only as provided for in s.817.155, F.S.
FICLE V: Effective date, if other than to an effective date is listed, the date must report of the date of filing.)  If the date inserted in this block does not mean ment's effective date on the Department of State of the Department of S	et the applicable statutory filing requirements, this date will not be listed a te's records.  ber or an authorized representative of a member.  a accordance with section 605.0203 (1) (b), Florida Statutes.  bermation submitted in a document to the Department of State

Page 2 of 2

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

ARTICLE IV-

Company: