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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE
AHASSEE, FLOPTE

COVER LETTER

TO: New Filing S Division of C			
SUBJECT: DRAGO	NFLY FOREST LLC		•
300000011	(Name of Res	sulting Florida Limited C	ompany)
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
Deborah Mordecai Edw	ards, Esq		
	(Contact Person)		
Edwards & Feanny, P.A			
	(Firm/Company)		
9580 SW 107 Ave, Suite	204B		
· · · · · · · · · · · · · · · · · · ·	(Address)		
Miami, Florida 33176			
(1	City, State and Zip Code)	<u> </u>	
marianne@almacommu	nity.com		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
Deborah M. Edwards		_at (305) 595	5-7641
(Name of Conta	act Person)	(Area Code) (D	Paytime Telephone Number)
	for the following amount a bank located in the	-	essed 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 Fees and Certified Copy	S S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	New Filing Division of P. O. Box 6	Corporations SC 8



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: DRAGONFLY FOREST INC
(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 [Florida] (Enter state, or if a non-U.S. entity, the name of the country)
March 19, 2018
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: DRAGONFLY FOREST 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.) 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 28th day of November 20_18 .
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Marianne Canero Title: Manager
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature:
Printed Name: Marianne Canero Title: President
Signature: Title:
Signature: Title:
Signature:
Printed Name: Title:
Signature: Title:
Signature: Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.

All others: Signature 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 I - Nai	me:			
	imited Liability Company	is:		
DRAGONFLY FORE	CCT LLC			
	ust contain the words "Limited Lia	bility Company, "I	lC" or "LLC.")	
		, , ,		
The mailing addre	Idress: ss and street address of the	e principal offi	ce of the Limite	d Liability Company is:
Principal Office A	Address:	Mailing	Address:	
7950 US Highway I		P.O. Box	701405	
Vero Beach, FL 3296	7	Wabasso.	FL 32970	
				
(The Limited Liability C business entity with an	Registered Agent, Register Company cannot serve as its own Ractive Florida registration.) Florida street address of the company cannot serve address of the company cannot be company to the company to the company to the company cannot be company to the compa	egistered Agent, Yo	ou must designate an	
			_	
	Marianne Canero			
	N	ame		
	5285 Palmetto Drive			
	Florida street address (P.O. Box NO T	acceptable)	
	Melbourne	FL 329	051	
	City		Zip	
liability comp registered agent statutes relatin	pany at the place designate and agree to act in this ca ig to the proper and comple oligations of my position as MU Registered Agent's S	ed in this certific pacity. I further tele performance is registered age	cate, I hereby ac er agree to comp e of my duties, a ent as provided f	oly with the provisions of al and I am familiar with and

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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	M '	
 	Marianne Canero	
	5285 Palmetto Drive Melbourne, FL 32951	
	Melbourne, PL 32931	
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(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·	
	4.00 m	
	SECRE IARY CANAL PROPERTY OF THE PROPERTY OF T	
LE V: Other provisions, if any.		
		
//		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE.		
- Lawi	and anno	
Signature of a member or a	n authorized representative of a member	
This document is executed in accordance w	with section 605.0203 (1) (b), Florida Statutes. I am aware that	
 any false information submitted in a docume 	ent to the Department of State constitutes a third degree felony	
as provided for in s.817.155, F.S.		
Marianne Canero		
Туро	ed or printed name of signee	
	Filing Fees	

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