

L19000082327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

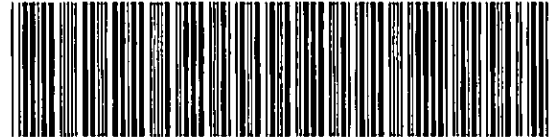
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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19 MAR 23 AM 8:39
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D O'KEEFE

MAR 2 2019

W19-11890



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2019

NEOLFI HENTZE
11447 SILK CARNATION WAY
WEST PALM BEACH, FL 33411

SUBJECT: NEOLFI HENTZE, PA
Ref. Number: W19000011890

We have received your document for NEOLFI HENTZE, PA and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

The specific purpose of the entity must be set forth in the document.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 419A00002585

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

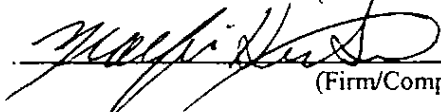
SUBJECT: NEOLFI HENTZE, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

NEOLFI HENTZE

(Contact Person)



(Firm/Company)

11447 Silk Carnation Way

(Address)

West Palm Beach, FL 33411

(City, State and Zip Code)

hentzehomes@gmail.com

(E-mail Address: (to be used for future annual report notifications))

For further information concerning this matter, please call:

NEOLFI HENTZE

at (561) 234-5745

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$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

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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.

1. The name of the **"Other Business Entity"** immediately prior to the filing of the Articles of Conversion is:
NEOLFI HENTZE, PA

(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)

on 01/02/2015

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
NEOLFI HENTZE, 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.

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TALLAHASSEE, FLORIDA

Signed this 8 day of MARCH ~~February~~ 2019

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: NEOLFI HENTZE Title: Member

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: [Signature]
Printed Name: NEOLFI HENTZE Title: President

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ 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)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEOLFI HENTZE, LLC

(Must contain 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:

Principal Office Address:

11447 Silk Carnation Way
West Palm Beach, FL 33411

Mailing Address:

S A M E

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:

NEOLFI HENTZE

Name

11447 Silk carnation Way

Florida street address (P.O. Box **NOT** acceptable)

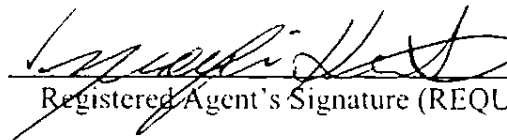
West Palm Beach

City

FL 33411

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

M G R

Name and Address:

NEOLFI HENTZE

11447 Silk Carnation Way

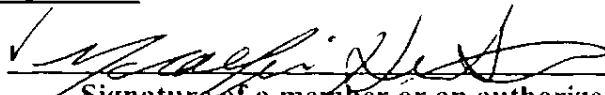
west Palm Beach, FL 33411

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

This LLC is organized for the purpose of transacting any or all business permitted under the laws of the United States of America and the laws of the State of Florida.

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.

NEOLFI HENTZE

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)

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19 MAR 23 AM 8:40
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000000470

Entity Name: NEOLFI HENTZE, PA

Current Principal Place of Business:

11447 SILK CARNATION WAY
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

11447 SILK CARNATION WAY
ROYAL PALM BEACH, FL 33411

FEI Number: 47-4043362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENTZE, NEOLFI
11447 SILK CARNATION WAY
WEST PALM BEACH, FL 33411 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name HENTZE, NEOLFI
Address 11447 SILK CARNATION WAY
City-State-Zip: ROYAL PALM BEACH FL 33411

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TALLAHASSEE, FLORIDA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NEOLFI HENTZE

PRESIDENT

03/23/2019

Electronic Signature of Signing Officer/Director Detail

Date