L9000112753

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	

Office Use Only



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04/24/19--01017--014 **150.00



COVER LETTER

TO:	New Filing Son Division of C				
SHRI	ECT: Casa Acc	quisitions LLC			
3003	LC1	(Name of Res	sulting Florida Limit	d Con	npany)
					d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please	e return all corre	espondence concernin	g this matter to:		
Leah (Carrerou				
		(Contact Person)			
Casa.	Acquisitions LLC				
		(Firm/Company)			
PO 80	OX 334				
		(Address)			
Winte	r Haven, FL 3388	32			
	((Tity, State and Zip Code)			
leah@	arearealestate.c	om			
E-r	nail Address: (to b	e used for future annual re	port notifications)		
For fi	rther information	on concerning this ma	tter, please call:		
Leah	Carrerou		_at (<u>863</u>	294-2	2384
	(Name of Conta	et Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fc & \$125	0.00 Filing Fees or Conversion of for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New I Divisi Clifto 2661	EET ADDRESS Filing Section ion of Corporat in Building Executive Cent hassee, FL 323	ions er Circle	New Fi Division P. O. B	ling S n of C ox 63.	Corporations

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" immediatel Casa Acquisitions LLC	y prior to the filing of the Articles of Conversion is:
(Enter Name of Other Busine	ess Entity)
2. The "Other Business Entity" is a	, ·
(Enter entity type. Example: corporation, limited page 1975)	artnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	Delaware U.S.
	Enter state, or if a non-U.S. entity, the name of the country)
12/09/2009 011	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company	as set forth in the attached Articles of Organization:
Casa Acquisitions LLC	
(Enter Name of Florida Limited Liabi	lity Company)
4. If not effective on the date of filing, enter the effective (The effective date: Cannot be prior to date of receip the date this document is filed by the Florida Depart Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	t or filed date nor more than 90 calendar days after ment of State.)
5. The plan of conversion has been approved in accorda	nce with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to which such members are entitled under ss. 605.1006 ar	o pay any members having appraisal rights the immount to ad 605.1061-605.1072. F.S. AREA OF STAIL

Signed this 22	day of April	_ 20_19
Signature of Au	thorized Representative of Limit	ed Liability Company:
Signature of Auth	norized Representative:	Tirke: MGR
		See below for required signature(s)]
Signature:	h J Carrerou	Title: AMBR
Signature:		_ Title:
Printed Name:		
Signature: Printed Name:		
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		[title:
Signature:		Title:
Printed Name:	<u> </u>	I itle:
If Florida Corpo Signature of Chai If Directors or Of	ration: rman, Vice Chairman, Director, or ficers have not been selected, an Inc	Officer. corporator must sign.
If Florida Gener Signature of one	al Partnership or Limited Liabili General Partner.	ty Partnership:
If Florida Limite Signatures of AL	ed Partnership or Limited Liabili L General Partners.	ty Limited Partnership:
All others: Signature of an a	uthorized person.	
Fees:		
Fees for Certified	of Conversion: Florida Articles of Organization: Copy: te of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Nan		
The name of the Li	mited Liability Company	is:
Casa Acquisitions LLC	o	
(Mu	ist contain the words "Limited Liab	ility Company, "L L.C.," or "LLC.")
ARTICLE II - Ad	ldress:	
The mailing address	ss and street address of the	principal office of the Limited Liability Company is:
Principal Office A	<u>Address:</u>	Mailing Address:
1136 First Street S	_	PO BOX 334
Winter Haven, FL 338	80	Winter Haven, FL 33882
. DOMESTIC III D	Laterard Agent Demictor	red Office, & Registered Agent's Signature:
 (The Limited Liability C 	ompany cannot serve as its own Reactive Florida registration.)	egistered Agent. You must designate an individual or another
		and in and arout are:
The name and the	Florida street address of th	ne registeren agent are.
	Oswald P Carrerou	
	No	ame
	1136 First Street S	P.O. Box NOT acceptable)
	Piorida street address (r	.0. Box <u>1401</u> acceptatory
	Winter Haven	FL 33880
	City	Zip
liability com registered agent statutes relatio	pany at the place designate t and agree to act in this can agree to act in this can agree to the proper and complete bligations of my position as Registered Agent's	Indicated to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and stregistered agent as provided for in Chapter 605, F.S Signature (REQUIRED)

ARTICLE IV-	
The name and address of e	ach person authorized to manage and control the Limited Liability
Company:	

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Oswald P Carrerou
	PO BOX 334
	Winter Haven, FL 33882
AMBR	Leah J Carrerou
THE	PO BOX 334
	Winter Haven, FL 33882
(Use attachment if necessary)	
(Ose anaenment it necessary)	
SEE ST. Out and a state of the second	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	, /
_	
This dominant is excepted in accordar	or an authorized representative of a member nee with section 605,0203 (1) (b), Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felo
Oswald P Carrerou	
	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)