L19000153907

(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:

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06/10/19--01040--026 **150.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

C RICO

COVER LETTER

Division of	Section Corporations				
SUBJECT: MAUI	REEN E POLO LLC				
SUBJECT:	(Name of Res	ulting Florida Limit	ed Com	npany)	
The enclosed Artic Business Entity" in	cles of Conversion, Artic nto a "Florida Limited Li	les of Organization	on, and " in ac	d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.	er
Please return all co	orrespondence concerning	g this matter to:			
MAUREEN E POLO	LLC				
	(Contact Person)			<u></u> ص	<u> </u>
MAUREEN E POLO	LLC			سد) بند)	
-	(Firm/Company)				: :
1001 SONATA LAN	E			\ <u></u>	, ;
	(Address)				2
APOLLO BEACH FI	L. 33572			· .	
	(City, State and Zip Code)			ند	5
E-mail Address: (1	to be used for future annual re	port notifications)	•		
For further inform	ation concerning this ma	tter, please call:			
MAUREEN E POLC	LLC	_at (<u>813</u>	468-3	3740	
(Name of Co	ontact Person)	(Area Code)	(Day	rtime Telephone Number)	
	ek for the following amou on a bank located in the		rocess	sed by this office must be payable in US	3
■ \$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)	es S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDR				ADDRESS:	
New Filing Section, Division of Corpo		New Fi Divisio		ection Corporations	
Clifton Building		P. O. B			
2661 Executive C	enter Circle	Tallaha	issee, l	FL 32314	

Tallahassee, FL 32301

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 MAUREEN E POLO REALTY CORP	the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, g	P190000 32488
(Enter entity type. Example: corporation, limited partnership, g	general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of (Enter state,	or if a non-U.S. entity, the name of the country)
04/10/2019	
On (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set fort	·
(Enter Name of Florida Limited Liability Compan	ıy)
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 the date this document is filed by the Florida Department of S Note: If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records.	date nor more than 90 calendar days after State.)
5. The plan of conversion has been approved in accordance with a	all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members are entitled under ss. 605.1006 and 605.106	

19 RIN IN DM 3: 33

Signed this 4Th	day of JUNE	20 <u>19</u>
	uthorized Representative of Lim	
C:	nthorized Representative: <u>Mar</u>	uson etolo
Signature of At	AATREEN E POLO	Title: MEMBER
Printed Name.	MORELINE I GEO	Title, manusk
Signature(s) on	behalf of Other Business Entity:	See below for required signature(s)
Cionatura	May 120m)	E Poles Title: PRESIDENT
Printed Name: N	MAUREEN E POLO	Title: PRESIDENT
Trined Name.		
Signature:		
Printed Name:		Title:
_		
Signature:		Title:
Printed Name:_		Title:
Signature:		Title:
Printed Name:_		Title:
0:		
Signature:		Title:
Printed Name:_		1 HIC:
Cianatura		
Printed Name:		Title:
rimed ivame		
If Florida Corp	ooration:	
	airman, Vice Chairman, Director, or	Officer.
	Officers have not been selected, an Ir	
	<u>eral Partnership or Limited Liabil</u>	<u>ity Partnership:</u>
Signature of one	e General Partner.	
•	ited Partnership or Limited Liabil	ity Limited Partnership:
Signatures of A	LL General Partners.	
A 13		
All others:	authorized person.	
Signature of an	aumorized person.	
Fees:		
Amioloo	s of Conversion:	\$25.00
	r Florida Articles of Organization:	\$125.00 \$125.00
	d Copy:	\$30.00 (Optional)
	ate of Status:	\$5.00 (Optional)
Cerune	ate or status.	#3.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MAUREEN E POLO LLC		
	ted Liability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address:		
	of the principal office of the Limited Liability (Company is:
Principal Office Address:	Mailing Address:	
1001 SONATA LANE	1001 SONATA LANE	_
APOLLO BEACH FL. 33572	APOLLO BEACH FL. 33572	
ADTICI P. II. A. D.	1 OSS - P. D Annual Ament's Simon	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres JOSE S RAMOS 2344 CRESTOVER L	s of the registered agent are: Name ANE	SECRETARY OF STADIOR OF CORPORA
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres JOSE S RAMOS 2344 CRESTOVER L	own Registered Agent. You must designate an individual or an softhe registered agent are: Name	SECRETARY OF PM
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres JOSE S RAMOS 2344 CRESTOVER L	own Registered Agent. You must designate an individual or an softhe registered agent are: Name ANE	SECRETARY OF STADIOR OF CORPORA

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..

Registere Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGR" = Manager	MANDED CE DOLO	
MGR	MAUREEN E POLO	<u>_</u>
	1001 SONATA LANE	<u> </u>
	APOLLO BEACH, FL. 33572	
		
		- <u>1</u> 0
		——
		5
(Use attachment if necessary)		70 3 X
		?
LE V: Other provisions, if any.		ယ သ

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.

MAUREEN E POLO

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)