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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2020

TENEKA STEED 7557 W SAND LAKE RD, 1188 ORLANDO, FL 32819

SUBJECT: WILLENE AGENCY LLC

Ref. Number: W20000053059

We have received your document for WILLENE AGENCY LLC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

There is a fee of \$21.25 due.

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.

Keyna E Page Regulatory Specialist II

Letter Number: 120A00010785

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Willene Agency LLC		
SUBJECT: Name of R	esulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I	_	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ng this matter to:	
Teneka Steed		
(Contact Person)		
Willene Agency LLC		
(Firm/Company)		
7557 W Sand Lake Rd #1188		
(Address)		
Orlando, FL 32819		
(City, State and Zip Code)	 	
info@willeneagency.com		
E-mail Address: (to be used for future annual	report notifications)	
For further information concerning this m	atter, please call:	
Teneka Steed	786 at (810-3261
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the		rocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Filing and Certified Cop	
Mailing Address:		Street Address:
New Filing Section		New Filing Section
Division of Corporations		Division of Corporations The Control of Tollohouse
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: Willene Agency LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, 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)
05/09/2019 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Willene Agency 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 13 day of June	_ ₂₀ _ _ 2 0		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: Printed Name: Teneka Steed	Title: Member	_	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature: Printed Name: Teneka Steed	Title: Member	- -	
Signature:		_	
Signature:Printed Name:	Title:	_	
Signature:Printed Name:	rm: 1	_	
Printed Name:	litle:	-	
Signature:Printed Name:	Title	-	
Signature:Printed Name:	Title:	- -	
Signature:			
Signature:Printed Name:	Title:	-	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.		All moderning	7970 E
Fees:			
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	AH 2: 13	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Na The name of the 1	i me: Limited Liability Company i	is:	
Willene Agency LL	C fust contain the words "Limited Liab	ility Company, "L.L.C" or "LLC.")	
ARTICLE II - A	ddress:		
The mailing addre	ess and street address of the	principal office of the Limit	ted Liability Company is:
Principal Office	Address:	Mailing Address:	
7557 W Sand Lake	e Rd	7557 W Sand Lake Rd	
# 1188		# 1188	
Orlando, FL 32819		Orlando, FL 32819	
	active Florida registration.) Florida street address of the Registered Agents Inc.	e registered agent are:	
	Nar	ne	
	7004 AL OLN OTT 000		
	7901 4th St N, STE 300	O. Box NOT acceptable)	
	St. Petersburg	FL 33702	
	City	Zip	
liability com registered agent statutes relativ	imed as registered agent and pany at the place designated t and agree to act in this capage to the proper and complete bligations of my position as the proper and complete th	in this certificate. I hereby a acity. I further agree to com e performance of my duties, (peccept the appointment as ply with the provisions of all and I am familiar with and for in Chapter 605, F.S
	Bell June	-	3
	Registered Agent's Si (CONTI	gnature (REQUIRED) NUED)	FILED MIN JUN 15 AH 2: 13

ARTICLE IV-

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

Name and Address:	
Teneka Steed	
Orlando, FL 32819	
	_
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Al)	
	7557 W Sand Lake Rd #1188 Orlando, FL 32819

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.

Teneka Steed

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)