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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #)	
		
☐ PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Name)	
(20	iomess Emily (verile)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
<u> </u>	-	
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporation	ıs		
SUBJECT: De/Luxe Maven Acc	counting Incorporated		
SUBJECT:	(Name of Resulting Florida Lim	ted Company)	
The enclosed Articles of Conve Business Entity" into a "Florida	•		
Please return all correspondence	e concerning this matter to:		
Monica B. Thomas			
(Contact	Person)	_	
De/Luxe Maven Accounting, LLC			<u>-</u>
(Firm/Co	mpany)	_	
19046 Bruce B. Downs Blvd. Suite	e 139		≧ E Th
(Add	ress)	-	
Tampa, FL 33647			MASSEELELE CRIG
(City, State ar	nd Zip Code)	_	AM 8: 42
deluxemaven@outlook.com			
E-mail Address: (to be used for fu	iture annual report notifications)	_	
For further information concern	ning this matter, please call:		
Monica B. Thomas	at (⁸¹³	459-8094	
(Name of Contact Person)) (Daytime Telephone Number	r)
Enclosed is a check for the foll dollars and drawn on a bank lo	_	processed by this office mu	ist be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	Filing Fees St80.00 Filing feate of St80.00 and Certified Co		; .
Mailing Address: New Filing Section Division of Corporation	us	Street Address: New Filing Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Conversion

or

"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: De/Luxe Maven Accounting Incorporated
(Enter Name of Other Business Entity)
Corporation 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)
March 1, 2020 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: De/Luxe Maven Accounting, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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. 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.

Production of the state of the

Signed this 3	_day of July	20 <u>20</u> .
Signature of Author	ized Representative of/Limit	ed Liability/Company:
Signature of Authoriz Printed Name: Monica	ed Representative: // em. B. Thomas	Title: Managing Director
Signature(s) on behal	f of Other Business Entity: S	ee below for required signature(s)
Signature: ///ar	u Ellemos	
Printed Name: Monica	B. Thomas	Title: President
Signature		
Printed Name:		Title:
Signature		
Printed Name:		Title:
Sianaturo:		
Printed Name:		Title:
Cianatura		
Printed Name:		Title:
Printed Name:		Title:
If Florida Corporation Signature of Chairman	on: . Vice Chairman, Director, or O	fficer.
If Directors or Officers	s have not been selected, an Inco	orporator must sign.
If Florida General Pa Signature of one Gene	artnership or Limited Liability ral Partner.	Partnership:
If Florida Limited Pa Signatures of ALL Ge	artnership or Limited Liability neral Partners.	Limited Partnership:
All others: Signature of an author:	ized 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

. NTICLE I		
ARTICLE I - The name of th	Name: e Limited Liability Cor	apany is:
De/Luxe Maven	Accounting, LLC	
	(Must contain the words "Lin	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II -	· Address:	
		of the principal office of the Limited Liability Company is:
_		
Principal Offic	ce Address:	Mailing Address:
19046 Bruce B.	Downs Blvd	19046 Bruce B. Downs Blvd.
Suite 139	<u> </u>	Suite 139
Tampa, FL 3364	17	Tampa, FL 33647
The name and t	Monica B. Thomas 19046 Bruce B. Dov	Name vns. Blvd., Ste. 139 ress (P.O. Box <u>NOT</u> acceptable)
	Tampa	FL 33647
	City	Zip
liability co registered ag statutes rela	ompany at the place descent and agree to act in the proper and a cooling to the proper and a cooling ations of my positions.	ent and to accept service of process for the above stated limited ignated in this certificate. I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and ion as registored agent as provided for in Chapter 605, F.S

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Monica B. Thomas
	19046 Bruce B. Down Blvd., Ste. 139
	Tampa, FL 33647
(Use attachment if necessary)	2020 [A][]
LEV: Other provisions, if any.	(5)と、 1
<u> </u>	(1)
REQUIRED SIGNATURE:	1
III BORATORIA	/, 0
Mayor 5.	/ / · · · · · · · · · · · · · · · · · ·

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.

Monica B. Thomas

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)