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(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:

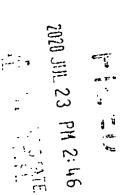
Office Use Only

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COVER LETTER

TO: New Filing S Division of C			
SUBJECT:	(Name of Res	ten Transulting Florida Limited Com	el LC pany)
The enclosed Article Business Entity" into	s of Conversion, Artic o a "Florida Limited Li	les of Organization, and ability Company" in ac	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
Nancy	Collette		
Collet	(Contact Person) Trave	l LLC	
15970	(Firm/Company) Caundale (ricle	
Winte	(Address) 21. Park Fl	32792	
n colla	City, State and Zip Code) tte j 59.7 @ e used for future annual rep	Comul.com	1
For further information	on concerning this mat	ter, please call:	
Mancy Conta	Clette ct Person)	at (<u>401</u>) <u>3</u> (Area Code) (Day	time Telephone Number)
	or the following amou a bank located in the l		ed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□S180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status
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Mailing Address:

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

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



July 6, 2020

NANCY COLLETTE 1597 LAWNDALE CIRCLE WINTER PARK, FL 32792

SUBJECT: COLLETTE N TRAVEL LLC

Ref. Number: W20000061397

We have received your document for COLLETTE N TRAVEL LLC 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 Certificate of Conversion must be signed by an authorized person.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

JL 23 PH 2: 40

Letter Number: 220A00011975

COVER LETTER

TO: New Filing So Division of C			_
SUBJECT:	Colles	ten Tranulting Florida Limited Com	el LC pany)
			d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
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15972	(Firm/Company) faundale ((Address)	iscle	
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n Colle	City, State and Zip Code) ### 1597 @ e used for future annual rep	gmoil.com	ו
For further information	on concerning this mat	ter, please call:	
Mancy Conta	Ct Person)	_at (<u>401</u>) <u>3</u> (Area Code) (Day	time Telephone Number)
	or the following amou a bank located in the l		ed by this office must be payable in US
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Mailing Add	ress:	Street	Address:

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Tallahassee, FL 32314

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The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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, Florid Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization (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 afte 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 day of	_ 20 <u> </u>
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: NA Printed Name: NANCY Collette	NCY COLLETTE _Title: president
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Dancy Collette Printed Name: Wanty Collette	Title: Prosident
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili	Officer. corporator must sign.
Signature of one General Partner. If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Collette n Travel Loc
(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:	Mailing Address:
Nancy Collette	Nancy Collette
1597 Sour dale linde	1597 Mundall Circle Winter Para 78 32782
W. 1 tel Ruk F1 32792	Winter Parp 78 32782

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:

ARTICLE I - Name:

Dancy a Collette

Name

1597 Laundele circle

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

Winter Park FL 32796

City 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 a 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)

ARTICLE IV-

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

1. 1. 1. 1. 1.

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
WOK Manager	
2000	Nancy Collatta
0110R	1597 Town dele Circle
	11/10 to PA & FL 32792
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Mancy Co	Mott.
1700000	cene
Signature of a mark or an	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the
any false information submitted in a docur	with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree feld
	- A - A
Nancy Co	lette ped or printed name of signee
Tyl	ped 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)