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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
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OCT, 1 2 2020

T. SCOTT

COVER LETTER

'TO: New Filing Section Division of Corporations

SUBJECT: _____

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Frank J. Aloia, Jr.

(Contact Person) Aloia, Roland, Lubell & Morgan, PLLC

(Firm/Company)

2222 Second Street

(Address)

Fort Myers, FL 33901

(City, State and Zip Code)

faloia@lawdefined.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Frank J. Aloia, Jr.

(Name of Contact Person)

_____at (239_____)791-7950 (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

📕 \$150.00 Filing Fees	□\$155.00 Filing Fees	S180.00 Filing Fees	🗐\$185.00 Filing Fees.
(\$25 for Conversion	and Certificate of	and Certified Copy	Certified Copy, and
& \$125 for Articles	Status		Certificate of Status
of Organization)			

Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> New Filing Section Division of Corporations 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 and attached Articles of Organization 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: Aloia, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Aloia, LLC

(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)

11/15/2004 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:

Aloia, 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.

F11. ED 2020 SEP 22 PH 1: 0F

Signed this day of September	20			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative:	Title: Manager			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]				
Signature: Kalk Churto, he Ala				
Printed Name: Patick Christopher Aloia	Title: Manager			
Signature: <u><u>A</u> <u>R</u> <u>A</u> J A A A A J A A A A A A A A A A</u>				
Printed Name: Iris R. Aloia	_ Title: <u>Manager</u>			
Signature:				
Printed Name:	Title:			
Signature:				
Signature: Printed Name:	Title:			
Signature: Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.				
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.				
<u>All others:</u> Signature of an authorized person.				
<u>Fees:</u>				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aloia, LLC

(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:	<u>Mailing Address:</u>
15304 Fiddlesticks Boulevard	15304 Fiddlesticks Boulevard
Fort Myers, FL 33912	Fort Myers, FL 33912

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:

 Frank J. Aloia, Jr., Esq.

 Name

 2222 Second Street

 Florida street address (P.O. Box <u>NOT</u> acceptable)

 Fort Myers

 FL 33901

 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. Thereby accept the appointment as registered agent and agree to act in this capacity. Tfurther 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.

Signature (REQUIRED) Registered Agent's (CONTINUED) 020 SEP 22 PH 1:

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ARTICLE IV-

. .

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Patick Christopher Aloia
	15304 Fiddlesticks Boulevard
	Fort Myers, FL 33912
MGR	Iris R. Aloia
	15304 Fiddlesticks Boulevard
	Fort Myers, FL 33912
(Use attachment if necessary)	

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE: Q R ona

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.

Patrick Christopher Aloia / Iris R. Aloia

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)



I, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ALOIA LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/15/2004.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 07/13/2020 UBI Number: 602 444 384



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

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Kim Wyman, Secretary of State

Date Issued: 07/13/2020