L20000359168

(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:				
Diana CANE				
MITHORIZATION BY PHONE TO				
oconour #2 day				
aire 11/23/20				
OC. EXAM				

Office Use Only



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. COVER LETTER

TO: New Filing S Division of C		•	
\ ;	ina Kynne	INKIOTO LL Sulting Florida Limited Cor	npany)
			d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
Diana Pica	(Contact Person)	I TRATE NAM	ing ten Interiors
DIANGLYNNE	(Firm/Company)	54h becorat	ing sen shlekions
101 Euph	ia (Address)	2	
Palm Ba	uch Galden	US, FL 33	40
dicinalynn	City, State and Zip Code) CINT Q YUNG be used for future armual re	ort notifications)	
For further informati	on concerning this ma OZZI act Person)	_at (561) 4	time Telephone Number)
	for the following amou a bank located in the		sed 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	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:	Stree	t Address:

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

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



November 14, 2020

DIANA PICARZAZZI 101 EUPHRATES CIRCLE PALM BEACH GARDENS, FL 33410

SUBJECT: DIANA LYNNE INTERIORS LLC

Ref. Number: W20000130555

We have received your document for DIANA LYNNE INTERIORS 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):

List the date of Organization on Articles of Organization.

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.

Letter Number: 520A00022820

Neysa Culligan Regulatory Specialist III

Aug 8,11

www.sunbiz.org

Articles of Conversion

For

"Other Business Entity"

Florida Limited Liability Company

FILED

2020 HOV 23 PH 3: 13

SECRETARY OF STATE TALLAHASSEE, FL

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a SINGLE MEMBER UL FOREIGN
(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)
on <u>DUGIST</u> 300 (date of organization, formation or incorporation)
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)
(Enter Name of Florida Limited Liability Company)
(Ellier Maine of Florida Ellined Ellionity 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.)
<u>Note:</u> 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 23 day of CCTORE	- ²⁰ - 20
Signature of Authorized Representative of Lim	,
Signature of Authorized Representative: Printed Name: Dicina fill (IIII)	Title: _ to WERE
Signature(s) on behalf of Other Business Entity:	- •
Signature: Diche Pictifuzzi	min and the state of
Printed Name: 1) CHYC //Cif(17-Zi	Intle: CHIPTER
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
tern to a contract the second	A. D. Amerika's
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ry Partnership:
·	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
Signatures of ALL General Farthers.	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Food for Florida Articlas of Organization:	\$125.00

\$125.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Diana Lynne Interiors 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: Mailing Address:
NIGNA PICALOZZA TOT EUTATOTES CULLO TOT SUPPLIES CULLO POLM BEACH GORGES TO 33410
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: The name and the Florida street address of the registered agent are: The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name and the Florida street address (P.O. Box NOT acceptable) The name address (P.O. Box NOT acceptable) The
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.

(CONTINUED)

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	Dicina Picarozzi 101 Supharais Circle 15 FL Halm Garden 5 FL 334
 	2020 SE
(Use attachment if necessary)	NOV 23
CLE V: Other provisions, if any.	SECRETARY OF STATE ALL ANASSES, FL
REQUIRED SIGNATURE:	1000
This document is executed in accordance wany false information submitted in a docume as provided for in s.817.155, F.S.	n authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that ent to the Department of State constitutes a third degree felony
Diana Vicak	OCC ed 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)