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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:

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12/08/20--01804--011 **158.1

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DEC 1 4 2020

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Djenald Enterprise LLC		
(Name of Re	esulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Articles Susiness 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 concerning	ng this matter to:	
DJENALD RICHARD		
(Contact Person)	-	
DJENALD ENTERPRISE LLC		
(Firm/Company)	 	
4540 NW 7TH ST		
(Address)		
PLANTATION FL 33317		
(City, State and Zip Code)	,, = 11= 1	
RICHARD.ACPA@GMAIL.COM		
E-mail Address: (to be used for future annual r	eport notifications)	
For further information concerning this ma	atter, please call:	
Djenald Richard	at (655-2635
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amo dollars 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) \$\begin{align*} \Pi\$\$ 155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop	<u> </u>
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

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:

DJENALD ENTERPRISE CO

(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 but	usiness trust, et
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the	ne country)
02/20/2020 On	
On	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of O	rganization
DJENALD ENTERPRISE 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 calendary	ar 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 document's effective date on the Department of State's records.	e listed as the
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 which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.	the amount to

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Signed this 2 day of DECEMBER	2020
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Title: DIRECTOR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:Printed Name: DJENALD RICHARD	Title: PRESIDENT
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
o.	
Signature:Printed Name:	Title:
Signature:	tr'.a
Printed Name:	title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
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

DJENALD ENTERPRISE LLC	
(Must contain the words "Lim	ited Liability Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company
the manning address and street address	of the principal office of the Elimied Elability Compan,
Principal Office Address:	Mailing Address:
2	
Principal Office Address:	Mailing Address:

The name and the Florida street address of the registered agent are:

DJENALD F	RICHARD	
Nan	ne	
5530 NW 44T	H ST APT 4	10
Florida street address (P.	O. Box <u>NO</u>	$\underline{\Gamma}$ acceptable)
LAUDERHILL	FL.	33319
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 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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A	RT	$\Gamma \cap \Gamma$	F	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				
MANAGER	DJENALD RICHARD			
	5530 NW 44TH ST APT 410			
	LAUDERHILL, FL 33319			
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(Use attachment if necessary)				
•		57.7. 7.7.7.	(C)	-
		20	්	
ARTICLE V: Other provisions, if any.			10	171
				• •
		<u> </u>	<u>2</u>	. <u>.</u> .
	<u> </u>	<u> </u>	12	
		.•		
<u>REQUIRED</u> SIGNATURE:	\sim 2			
		_		
Signature of a member or	an authorized representative of a m	ember		

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.

DJENALD RICHARD

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)