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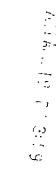
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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82,732,731×-81813--883 **158,86



4/19/2021

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Dew Deginnir (Name of Resulting Floric	ta (in gried Company)
The enclosed Articles of Conversion, Articles of Orga Business Entity" into a "Florida Limited Liability Co	anization, and fees are submitted to convert an "Other inpany" in accordance with s. 605,1045, F.S.
Please return all correspondence concerning this matt	er to:
Ana Co. Acosta (Contact Person) Dew Besinning Be (Firm/Company) 2318 W. Knollwood (Address) (City. State and Zip Code) E-mail Address: (to be used for future annual report notifical	affy, LLC. P1 e04
For further information concerning this matter, please Alona G. Acosta at (Name of Contact Person) (Area (Area)	e call: 13
Enclosed is a check for the following amount: (All ch dollars and drawn on a bank located in the United Sta	
- / \	TFiling Fees
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 and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with 8.605.1045, Florida Stantes

Signed this. 22 day of 4	enuary 20 2/	
Signature of Authorized Represen	tative of Limited Liability Company:	
		J. S. Carrier
Printed Name: 4 DA	ive: Analadosta. J	
\sim ()		
Signature(s) on behalf of Other Bus	iness Entity: [See below for required signature(s)]	
Signature:		
Printed Name: Pra Co. U.	OSTA Title: UGR	
Sianatura		
Printed Name:	Title:	
Signature:	Title	
Signature:Printed Name:	True.	
Signature:		
Printed Name:		
133		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
ICD 11 Committee		
If Florida Corporation: Signature of Chairman, Vice Chairma		

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.

All others: Signature of an authorized person.

Fees:

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

\$30,00 (Optional) Certified Copy: Certificate of Status: \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
West contain the word, "Limited Liability Company, "L.I.C.," or "L.C.)	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Com	pany is:
Principal Office Address: 1317 W. Knowwood Pl (Same) Jampa, Fl 33604	
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: Ona C. accepta Name Oslov Not acceptable Tamba FL 33604 City Zip	
Having been named as registered agent and to accept service of process for the above stat liability company at the place designated in this certificate. I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my positionals registered agent as provided for in Chapter 60.	nent as sions of all with and
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
"MGR" = Manager — UCA	Ana G. Acosta 2318 W. Enollwood Tampa, A 3360
Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member or a	an authorized representative of a men with section 605.0203 (1) (b). Florida Statutes, I

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)



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2021

ANA G. ACOSTA 2318 W. KNOLLWOOD PL TAMPA, FL 33604

SUBJECT: NEW BEGINNING REALTY, LLC

Ref. Number: W21000032367

We have received your document for NEW BEGINNING REALTY, 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

WILLIAM LAWRENCE Regulatory Specialist II

Letter Number: 421A00005027

www.sunbiz.org