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(Requestor's Name)
(Address)
(Acidress)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EXAMINEF

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

5/7/2021

NAME: VILLAS 77 INC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

applie Hodge

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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: VILLAS 77 INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of (First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on O4/20/2021 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
VILLAS 77 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.
2921

\$5.00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

VILLAS 77 LLC		
(Must contain the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited L	iability Company
Principal Office Address:	Mailing Adduses	
Tincipal Office Audress:	Mailing Address:	
4985 Sandra Bay Dr, Apt#101	4985 Sandra Bay Dr. Apt#101	
Naples FL 34109	Naples FL 34109	
ARTICLE III - Registered Agent, R	egistered Office. & Registered Agent'	s Signature:
The Limited Liability Company cannot serve as its	egistered Office, & Registered Agent's own Registered Agent. You must designate an indiv	
The Limited Liability Company cannot serve as its business entity with an active Florida registration.	s own Registered Agent. You must designate an indiv	ridual or another 22
The Limited Liability Company cannot serve as its business entity with an active Florida registration.	s own Registered Agent. You must designate an indiv) ss of the registered agent are:	
The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	s own Registered Agent. You must designate an indiv) ss of the registered agent are:	ridual or another
The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street addres	s own Registered Agent. You must designate an indiverse of the registered agent are: Name	ridual or another
The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street addres Bogdan Wiszniewsk 4985 Sandra Bay Di	s own Registered Agent. You must designate an indiverse of the registered agent are: Name	ridual or another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Bogdan Wiszniewsk 4985 Sandra Bay Di	s own Registered Agent. You must designate an indiverse of the registered agent are: Name 7, Apt#101	ridual or another

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)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	BOGDAN WISZNIEWSKI
	64-38 83RD ST
	MIDDLE VILLAGE, NY 11379
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(Use attachment if necessary)	
(TT Simonimont is novosbut)	
LE V: Other provisions, if any.	
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REQUIRED SIGNATURE:	3
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· Sagden	Wismin
. / -	•
Signature of a member of	r an authorized representative of a member
inis document is executed in accordance	ee with section 605.0203 (1) (b), Florida Statutes. I am aware unsent to the Department of State constitutes a third degree f
any false information submitted in a doc as provided for in s.817.155, F.S.	
as provided for in s.817.155, F.S. BOGDAN WISZNIEWSKI, MEMBE	yped or printed name of signee

1.

ARTICLE IV-