# 21000322713

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

**ZUL 1** 5 2021

T. SCOTT



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### **COVER LETTER**

Division of C				
SUBJECT: DARLE	NE PIFALO, LLC			
3000000	(Name of Res	ulting Florid	a Limited Co	mpany)
		_		nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	respondence concernin	g this matte	er to:	
Cheyenne Moseley				
	(Contact Person)			
Legalzoom.com, Inc.				
	(Firm/Company)			
101 N Brand Blvd 11th	FI			
	(Address)			
Glendale, CA 91203				
(	City, State and Zip Code)		<del></del>	
darlene@darleneandluc	ky.com			
E-mail Address: (to	be used for future annual re	port notificat	ions)	
For further informat	ion concerning this ma	tter, please	call:	
Cheyenne Moscley		at ( 800	773-	-0888
(Name of Cont	act Person)		Code) (Da	nytime Telephone Number)
	for the following amount a bank located in the		•	ssed 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 and Certifi	Filing Fees ed Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	SS:	N	IAILING	ADDRESS:
New Filing Section	··		ew Filing S	
Division of Corpora Clifton Building	nons		ivision of 0. O. Box 63	Corporations 327
2661 Executive Cen	ter Circle			FL 32314

Tallahassee, FL 32301

# **Articles of Conversion**

For

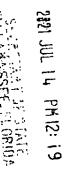
## "Other Business Entity"

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: DARLENE PIFALO, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
08/06/1998 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DARLENE PIFALO, 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.



- <del>-</del> -	
Signed this 15T day of July	20 2/
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative	en
Printed Name: Darlene Pifalo	Tite: Manufer
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Signature: Printed Name: Darlene Pifalo	Title: President
Printed Name: Darietic Friato	Title. Tresident
Signatura	
Signature:Printed Name:	Title:
France Name.	
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Councrations	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In-	
If Directors of Officers have not been selected, an in-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	.,
Signature of the Solician action	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
· —	
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
	625.00
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR ARTICLE I - Name:		JABILITY COMPANY
The name of the Limited Liability Company	vis:	
DARLENE PIFALO, LLC		
(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC	2.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:	
1035 NW 41st Dr.	1035 NW 41st Dr.	
Gainesville, Florida 32605	Gainesville, Florida 326	05
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of the Darlene Pifalo	egistered Agent. You must designa	Agent's Signature: te an individual or another
N	ame	_
1035 NW 41st Dr.		
	P.O. Box NOT acceptable	
Gainesville	FL 32605	
City	Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of my position as Registered Agent's S	ed in this certificate, I hereby pacity. I further agree to co ete performance of my dutie exercistered agent as provid Darlene	y accept the appointment as omply with the provisions of all es, and I am familiar with and led for in Chapter 605, F.S

4	DT		ır	IV
	КΙ	11	ı,r.	1 V ~

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Darlene Pifalo
	1035 NW 41st Dr.
	Gainesville, Florida 32605
•	
<del></del>	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member owith scotton 605.0203 (1) (b), Florida Statutes. I am aware that ument to the Department of State constitutes a third degree felon
Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.  Darlene Pifalo	an authorized representative of a member owith section 603.0203 (1) (b), Florida Statutes. I am aware that timent to the Department of State constitutes a third degree felong 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)