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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:

Office Use Only



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W21-119990



#4 007 -5 MIN: 33

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 2, 2021

CHRISTOPHER VILLANO VILLANO PHOTO LLC 52 WHITEHEAD CIRCLE WESTON, FL 33326

SUBJECT: VILLANO PHOTO LLC Ref. Number: W21000119990

We have received your document for VILLANO PHOTO LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

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.

DANIEL LO'KEEFE Regulatory Specialist II

Letter Number: 921A00021214

Thank you For The info. Please see Signed Pocs.
Kindy Ohis

COVER LETTER

TO: New Filing S Division of C			
SUBJECT:	Villano	Photo LLC	
Sebate 1.	(Name of Res	ulting Florida Limited C	ompany)
			and fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
Christolher U:llawo	(Contact Person) Photo LLC (Firm/Company) h. to head (Address) City, State and Zip Code)		
52 ω	(Firm/Company) h. to head (Address)	Cirele	·
Weston	City, State and Zip Code)	33 26	
E-mail Address: (to b	be used for future annual re	port notifications)	•
For further informati	on concerning this ma	tter, please call:	
Chris Topher (Name of Contr	Oillano act Person)	at (<i>G17</i>) (Area Code) (D	7/4 04/3 aytime Telephone Number)
	for the following amou a bank located in the	-	essed 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	S\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C	ection	Nev	et Address: v Filing Section ision of Corporations

INHS11 (7/17)

P.O. Box 6327

Tallahassee, FL 32314

.. -- : **

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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.

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 LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of New Jersey (Enter state, or if a non-U.S. entity, the parme of the country)
on Oldate of organization, formation or incorporation).
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: VIIANO Photo IIC
(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.

Signed this 23 day of August	20 <u>21</u> .
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Printed Name: ChrisTofher Villago	Title: OWNE
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Christopher X	Title: Ower / flets rapped
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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

ARTICLE I - Name: The name of the Limited Liability Company is	:
V:llavo photo	LLC.
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
52 white head Circle	52 White head Circle
WESTON Floorly	52 White head Circle Waston Florida
33326	333+6
The name and the Florida street address of the Christophia Nam 52 Whiteh	Villano ne
Florida street address (P.C	
Weston	FL 33326
City	FL 3332-6 Zip
liability company at the place designated in registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S
(CONTIN	NUED)

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A	DΤ	'ICI	I II	IV.

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	1/2	
	-N4	
		
		<u> </u>
	·	
		<u> </u>
(1)		
(Use attachment if necessary)		•
		•
CLE V: Other provisions, if any.		
REQUIRED SIGNATURE!	1,	
REQUIRED SIGNATURE.		
	2	
Simple of a marker of	an authorized conversative of a mambar	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aw ment to the Department of State constitutes a third degree	are that e felony
•)://an	
Ty	ped 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)