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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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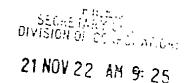
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COVER LETTER

TO:	New Filing S Division of C		;				
SHR	JECT:	DREA	M TEAM T	RAVEL	CLUB		
300	,EC1		Name of Res	sulting F	lorida Lim	ited Con	npany)
							d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence	concernin	g this n	natter to:		
	KAREN	I LYNN JAC	KSON				
		(Contact F	erson)	·-		_	
	DREA	M TEAM TR	AVEL				
-		(Firm/Con	npany)			_	
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	FRISCO.	TEXAS 750	33				
	((City, State and	d Zip Code)			_	
	kjdtt	c@gmail					
E-	mail Address: (to b	oe used for fut	ure annual re	port noti	fications)	_	
For fu	urther informati	on concern	ing this ma	tter, ple	ease call:		
KARE	EN JACKSON			at (214	387-9	9194
	(Name of Conta	act Person)		\	Area Code) (Day	time Telephone Number)
	osed is a check f rs and drawn on					process	sed by this office must be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	■\$155,00 and Certific Status			80,00 Filing ertified Co	-	□\$185,00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, 1	ection Corporations 27	;			New I Divisi The C	Address: Filing Section on of Corporations Centre of Tallahassee 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: DREAM TEAM TRAVEL LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
09/03/2020
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DREAM TEAM TRAVEL CLUB 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.

Signed this 27 day of OCTOBER	20_2
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: <u>Ka</u>	Luxa (Inoka)
Signature of Authorized Representative:	un gyan good
Printed Name: KAREN LYNN JACKSON	Title: OWNER
Signature(s) on behalf of Other Business Entity:	
	joee below for required significance(s)
Signature: X, Yackso	\sim
Signature: Kane L. Jackson Printed Name: KAREN L JACKSON	Title: OWNER
Signature:	m: 1
Printed Name:	little:
Signature:	
Printed Name:	Title [,]
Signature:	
Signature:Printed Name:	Title:
Signature:	mgn*t
Printed Name:	little:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florido Conquel Doutnoughin ou Limited Liebili	4 D4
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty rarmership.
orginate of one concret father.	
If Florida Limited Partnership or Limited Liabili	ty 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
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	- /- k/

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	REAM TEAM TRAVEL CLUI fust contain the words "Limited Lie	ability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - A	ddress:		
The mailing addre	ess and street address of th	e principal office of the Limited Liability Co	ompany is
Principal Office	Address:	Mailing Address:	
10068 NEW EAST	BAY RD	10068 NEW EAST BAY RD	
# 307	· · · · · · · · · · · · · · · · · · ·	# 307	
GIBSONTON, FL 33534		GIBSONTON	
			rew ⊆
	Registered Agent, Register Company cannot serve as its own Reserve as Its own Reserve Florida registration.) Florida street address of t	ered Office, & Registered Agent's Signature degistered Agent. You must designate an individual or another registered agent are:	DIVISION OF SEC.
	Registered Agent, Register Company cannot serve as its own Reference Florida registration.) Florida street address of the ZenBusiness Inc.		#H 9:
	Registered Agent, Register Company cannot serve as its own Reference active Florida registration.) Florida street address of to ZenBusiness Inc. N 336 E. College Ave. Suite	ered Office, & Registered Agent's Signature degistered Agent. You must designate an individual or another registered agent are: ame	# 1
	Registered Agent, Register Company cannot serve as its own Reference active Florida registration.) Florida street address of to ZenBusiness Inc. N 336 E. College Ave. Suite	ered Office, & Registered Agent's Signature degistered Agent. You must designate an individual or another registered agent are: ame 301 P.O. Box NOT acceptable)	#H 9:
	Registered Agent, Register Company cannot serve as its own Reference active Florida registration.) Florida street address of to ZenBusiness Inc. N 336 E. College Ave. Suite	ered Office, & Registered Agent's Signature degistered Agent. You must designate an individual or another registered agent are: ame	#H 9:

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)

ARTICLE 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			
AMBR	KAREN JACKSON		
	10068 New East Bay Road #307		
	Gibsonton, FI 33534		
			
(Use attachment if necessary)			
(Ose attachment if necessary)			
CLE V. Other provisions (fem.			
CLE V: Other provisions, if any.			
			
<u>REQUIRED</u> SIGNAŢŲRE:			
Karen	Catron		
IQNUM	y accessor -		
	·		
Signature of a member or a	an authorized representative of a member		
This document is executed in accordance	with section 605,0203 (1) (b), Florida Statutes. I am aware the		
any false information submitted in a docum	ment to the Department of State constitutes a third degree felor		
as provided for in s.817.155, F.S.	<u> </u>		
Karon	Yackson.		
- / Yer W / O	Jackson ped or printed name of signee		
lyr	ped or printed name of signee		
	Ciling Coss		

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)