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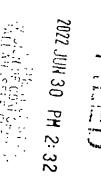
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
)D		

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

NEGENTED 2022 JUH 3 0 PM 3: 40

E CHATIONE MARKETAL PROPERTY.

April 11, 2022

ANGIE FONTAINE 3531 SW 50TH TERRACE DAVIE, FL 33314 US

SUBJECT: DE LA FONTAI LLC Ref. Number: W22000048433

We have received your document for DE LA FONTAI 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):

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.

Jalesa S Dennis Regulatory Specialist II

Letter Number: 022A00008425

COVER LETTER

	of Corporations				
SUBJECT: de l	a FontAl				
	(Name of	Resulting Florida Lim	mited Company)		
		_	ation, and fees are submitted to conver ny" in accordance with s. 605.1045, F		ıer
Please return all	correspondence concer	ning this matter to:):		
Angie Fontaine					
	(Contact Person)				
de la FontAl			••	20:	
	(Firm/Company)		— <u> </u>	1022 JUN 30	क्षा
3531 SW 50Th Te	errace		ر از این از این از این ا	Ξ	-
	(Address)			30	
Davie, FL, 33314				<u></u>	
	(City, State and Zip Coo	de)		2: 32	قعب
angief201039@gr	mail.com		<u>ੀਂ -</u>	32	
E-mail Address:	(to be used for future annu-	al report notifications)			
For further infor	mation concerning this	matter, please call:	l:		
Angie Fontaine		at (⁹⁵⁴	₎ 5494906		
(Name of 0	Contact Person)		(Daytime Telephone Number)		
	eck for the following ar in on a bank located in t		s processed by this office must be paya	ible in US	S
\$150.00 Filing F (\$25 for Conversion & \$125 for Articles of Organization)	and Certificate of	es \$180.00 Filing and Certified Co			
Division P.O. Box	ng Section of Corporations		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 840 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.

Statutes.			
1. The name of the "Other Business Entity" immediately prior to the filing of the Articl Fontaine Forest Farm Corp	es of Con	iversio	n is:
(Enter Name of Other Business Entity)	•		
2. The "Other Business Entity" is a S Corporation			_
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	on law or bu	isiness t	rust, etc.)
First organized, formed or incorporated under the laws of			
	aname of th	ie counti	ry)
July 22, 2016 on .			
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	icles of O	rganiz	ation:
de la FontAl LLC			
(Enter Name of Florida Limited Liability Company)	,- -		
4. If not effective on the date of filing, enter the effective date:	<u>.</u> ,		
(The effective date: Cannot be prior to date of receipt or filed date nor more than 9	0 calenda	ar day	s 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 dat		a Barri	
document's effective date on the Department of State's records.	c will not be	e nsieu i	as uic
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 apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	sal rights t	the amo	ount to
		202	
P160000 61668	19 19 19 19 19 19 19 19 19 19 19 19 19 1	'2 JUN 3	1

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Signed this 10th day of March	20 <u> 22 .</u>	
Signature of Authorized Representative of Lim	ited Liability Company:	
Ke		
Signature of Authorized Representative: Printed Name: Angie Fontaine		
Printed Name: Angle Fontaine	Title: Owner, Founder, CEO	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature:		
Signature: April 5-stairs	m:1 0F0	
Printed Name: Angie Fontaine	Title: CEO	
Signature: Printed Name: The Dorca, to	Tille: Vice-President	
Printed Name: This men Dozen	Title: Vice-President	
Signatura	-eine	
Signature: Printed Name:		
rimed Name	Title:	
Signature:		
Signature: Printed Name:	Title	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation:	Oct	
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an In	corporator must sign.	
If Florida General Partnership or Limited Liabili	ity Partnershin	
Signature of one General Partner.	ny larther ship.	
orginatare of one someral Farmon		
If Florida Limited Partnership or Limited Liabili	ity Limited Partnership:	
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.	20	
_	\$25.00	
<u>Fees:</u>		
	デロン Record Windows Co.	***
Articles of Conversion:	• · · · · · · · · · · · · · · · · · · ·	-
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Ontional)	11
Certified Copy:	250.00 (Optional)	P'
Certificate of Status:	\$5.00 (Optional)	No. of

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Norman				
ARTICLE I - Name: The name of the Limited Liabil	ity Company i	is:		
de la FontAl LLC				
(Must contain the wo	ords "Limited Liabi	ility Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the	principal off	ice of the Limite	ed Liability Company is:
Principal Office Address:		<u>Mailing</u>	Address:	
3531 SW 50Th Terrace, Davie, FL	., 33314	3531 SW	50Th Terrace, D	avie, FL, 3331
ARTICLE III - Registered Ag (The Limited Liability Company cannot so business entity with an active Florida reg The name and the Florida street	erve as its own Reg distration.) address of the	gistered Agent, Y	ou must designate an	
Angie Fontai	ne Nai			
3531 SW 50 Florida stro	Th Terrace ect address (P.	O. Box NO	r acceptable)	
Davie	·		314	
· · · · · · · · · · · · · · · · · · ·	City		Zip	
Having been named as registe liability company at the pla registered agent and agree to statutes relating to the prope accept the obligations of n Register	ice designated act in this cape er and complete	in this certificacity. I further performance egistered aganture (RE)	cate, I hereby acer agree to compee of my duties, a ent as provided f	cept the appointment as ly with the provisions of all nd I am familiar with and

A	D	T	CI	F	IV_{-}

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

"MGR" = Manager CEO	Angie Fontaine
<u></u>	3531 SW 50Th Terrace, Davie, FL, 33314
	3331 347 30111 Tellace, Bavie, 1 E, 33314
	
	55
(Use attachment if necessary)	ी म= 20 70 दें
•	
	<u> </u>
CLE V: Other provisions, if any.	™ 1. ***

REQUIRED SIGNATURE:

Acco S

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Angie Fontaine

Typed or printed name of signee