# 122000357205

(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:
W3200005043

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2022 AUG -3 PM 5: 07 SEGRETARY OF STATE

## **COVER LETTER**

TO:	New Fiting S Division of C					
SHRI	FCT. West Vo	lusia Properties, Inc.				
., O D.	<u> </u>		sulting Florida Limi	ted Cor	mpany)	
					nd fees are submitted to convert an "Oth accordance with s. 605.1045, F.S.	ıer
Please	e return all corr	espondence concernin	g this matter to:			
Ann E	. Nehrig					
		(Contact Person)		-		
West	Volusia Propertie	es, Inc.				
		(Firm/Company)		-		
160 R	ose Avenue					
_		(Address)		-		
Lake I	Helen FL 32744					
	(1	City, State and Zip Code)		-		
aeneh	rig@gmail.com					
Е-г	nail Address: (to b	e used for future annual re	port notifications)	-		
For fu	ırther informati	on concerning this ma	tter, please call:			
Ann E	. Nehrig		at ( <sup>386</sup>	<sub>\</sub> 8014	1928	
	(Name of Conta	act Person)		(Day	ytime Telephone Number)	
		for the following amou a bank located in the	_	oroces.	sed by this office must be payable in U	S
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection forporations 17		New Divis The 0 2415	Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 CS AUG hassee, 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: West Volusia Properties, 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 (Enter state, or if a non-U.S. entity, the name of the country)
2/09/2013
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
West Volusia Properties, 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.
SECRETARY OF S TALLAHASSEE.

Signed this 28th day of July	20
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative:	<u> </u>
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Age Reference Printed Name: Ace E. New 7.	
Signature:	,
Signature:Printed Name:	
Signature: Printed Name:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty 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

West Volusia Prop	perties, LLC	
(	Must contain the words "Limited	liability Company, "L.L.C.," or "Ll.C.")
ARTICLE II - A The mailing addr		he principal office of the Limited Liability Company i
Principal Office	Address:	Mailing Address:
160 Rose Avenue Lake Helen FL 327	744	same
( contined Pigotillà	Registered Agent, Regis Company cannot serve as its own n active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
business entity with a	Company cannot serve as its own	Registered Agent. You must designate an individual or another
business entity with a	e Florida street address of  Ann E. Nehrig	Registered Agent. You must designate an individual or another
business entity with a	e Florida street address of  Ann E. Nehrig	Registered Agent. You must designate an individual or another the registered agent are:
business entity with a	Ann E. Nehrig  160 Rose Avenue	Registered Agent. You must designate an individual or another the registered agent are:
business entity with a	Ann E. Nehrig  160 Rose Avenue	the registered agent are:
business entity with a	Ann E. Nehrig  160 Rose Avenue  Florida street address  After a street address of a street address a street address	the registered agent are:  Vame  P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 AUG -3 PM 5: 07 SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member "MCR" = M	Name and Address:
"MGR" = Manager	Ann F. Nickel
	Ann E. Nehrig 160 Rose Avenue
	Lake Helen FL 32744
	33.67.007112 02744
Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	10.
REQUIRED SIGNATURE:	When i
	Molog
Signature of a member or an	authorized representative of a member (th section 605.0203 (1) (b), Florida Statutes, I am aware that int to the Department of State constitutes a third degree felony
Signature of a member or an This document is executed in accordance wi any false information submitted in a document as provided for in s.817.155, F.S.	authorized representative of a member
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Signature of a member or an This document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S.  Ann E. Nehrig  Type:  \$125.00 Filling Fee for Articles of C	a authorized representative of a member (ith section 605.0203 (1) (b), Florida Statutes. I am aware that int to the Department of State constitutes a third degree felony d or printed name of signee  Filing Fees Organization and Designation of Registered Agent
Signature of a member or an This document is executed in accordance wi any false information submitted in a document as provided for in s.817.155, F.S.  Ann E. Nehrig	d or printed name of signee  Filing Fees  Organization and Designation of Registered Agent
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Signature of a member or an This document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S.  Ann E. Nehrig  Type:  \$125.00 Filling Fee for Articles of C	d or printed name of signee  Filing Fees Organization and Designation of Registered Agent  S 5.00 Certificate of Status (Optional)
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ARTICLE IV-