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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:

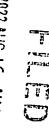
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SECRETARY OF STATE



COVER LETTER

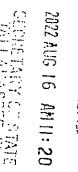
TO:	New Filing So Division of C							
SUBJ	ECT: DREII	LING & CO LLC						
0020			ulting Florida Lin	ited Cor	npany)			
			_	-	nd fees are submitted to ecordance with s. 605.1		"Othe	er
Please	return all corre	espondence concernin	g this matter to					
Ama	anda J. Ber	en						
		(Contact Person)		_				
		(Firm/Company)						
314	16 Agoura	Rd., Ste. 118		_				
		(Address)						
Wes	stlake Villag	je, CA 91361						
filino	₎₎ gs@corpne	City, State and Zip Code) t.com						
		e used for future annual re	port notifications)	_				
For fu	rther informati	on concerning this ma	tter, please call	;				
Ama	anda J. Ber	en	at (888	,449	9-2638			
	(Name of Conta	ict Person)		c) (Daj	ytime Telephone Number)	_		
		or the following amou a bank located in the	,	proces	sed by this office must l	be payable	in US	1
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	S180.00 Filir and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	1VI. NO38	2022 AUG	
	Mailing Add New Filing S				et Address: Filing Section		9181	- ura Cann
	Division of C				ion of Corporations	7,50		
	P.O. Box 632	7		The (Centre of Tallahassee	m Ma	_E.	1
	Tallahassee, I	FL 32314			N. Monroe Street, Suite	· 810 三	AH 11: 20	
				тапа	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 5.605.1045, Florida Statutes.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: DREILING & COLLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type Example corporation, limited partnership, general partnership, common law or business trust, e
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U S entity, the name of the country)
07-25-2018 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
DREILING & CO 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 afte 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 t which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this . 16 day of Ang	20 22.
Signature of Authorized Representative of I	
Signature of Authorized Representative: Carried Name, Christina Dieling	hristica Wulkej Tille: Member
Signature(s) on behalf of Other Business Enti	
Signature Christina Rhell	ng
Printed Name: Christina Dreiling	Title: Member
c.	
Signature:Printed Name	Talls
Timed Name.	true.
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directo If Directors or Officers have not been selected, a	
If Florida General Partnership or Limited Li Signature of one General Partner.	ability Partnership:
If Florida Limited Partnership or Limited Li Signatures of ALL General Partners.	ability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
A .: 1 f.C	ደጋና ()()

Articles of Conversion: \$25.00
Fees for Florida Articles of Organization: \$125.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

2022 AUG 16 AH II: 19

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DREILING & COLLC			•
	ntain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC")	
ARTICLE II - Address		y company. Lite, or lite y	
		apal office of the Limited Liabil	lity Company is:
Principal Office Addre	<u>1882</u>	Mailing Address:	
10360 Vanderbilt Drive	10360 Vanderbilt Drive		
Naples, FL 34108		Naples, FL 34108	
ARTICLE III - Registo (The Limited Liability Compa- business entity with an active	uny cannot serve as als own Rec	office, & Registered Agent's Sistered Agent You must designate an in	gnature: ndividual or another
The name and the Florid	la street address of the reg	istored agent are:	
	Registered Agents Inc		
	<u> </u>	lame	
	7901 4th St N STE 300		
	Florida street address	s (P.O. Box <u>NOT</u> acceptable)	
	St Petersburg	FL_33702	
	City	Zip	
place designated in this further agree to comply:	s certificate, I hereby accep with the provisions of all si	of the appointment as registered a atutes relating to the proper and i	we stated limited liability company at the igent and agree to act in this capacity. I complete performance of my duties, and I as provided for in Chapter 605, F.S.
		Bee Home	
	Registered	Agent's Signature (REQUIRED))
			SE 20

(CONTINUED)

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	Christina Dreiling	
	10360 Vanderbilt Drive	
	Naples, Fl. 34108	·····
•		
		
		
		<u> </u>
	<u></u>	
(Use attachment if necessary)		
TCLE V: Effective date, if other than the effective date is listed, the date must after the date of filing.)	ne date of filing: (OP be specific and cannot be more than five business of	TIONAL) Jays prior to or 90 cale
TCLE VI: Other provisions, if any.		Si 20
TCLE VI: Other provisions, if any.		2022 AUG SIJCREI
TCLE VI: Other provisions, if any.		
TCLE VI: Other provisions, if any.	stina Duling	REDAY -
ouired signature: _ Chu	Stora Duling Signature of a member or an authorized representative	NUS 16 MHII: 19 REPARA G. STATE
ecordance with section 605 0205 (3). Florida Si	Signature of a member or an authorized representative tatutes, the execution of this document constitutes an affirmation any false information submitted in a document to the Departing reception of the provided for in \$ 817 155, F.S.)	REDAM OF STATE OF PERSON O

Filing Fees: