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(1	Requestors	Name)	
(/	Address)		
	Address)		
	City/State/Z	ip/Phone #)	
,	• · · · · · · · · · · · · · · ·	.,	
PICK-UP		WAIT	MAIL
(Business E	ntity Name)	
(Document i	Number)	
Certified Copies	_ (Certificates of	Status
			-
Special Instructions to	Filing Offic	er:	





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2022 OCT -3 AM 10: SECRETARY OF STA

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: DEKOR LLC
(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, etc.)
First organized, formed or incorporated under the laws of WASHINGTON STATE
(Enter state, or if a non-U.S. entity, the name of the country)
on 10/1/2019
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DEKOR 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.

2022 OCT -3 AM IO: 08
SECRETARY OF STATE

Signed this 3rd day of October	
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:	paezar)
Signature of Authorized Representative:Printed Name: BRZEZINSKI	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	
Signature:	
Printed Name:	Title:
0.	
Signature:Printed Name:	Title
Frinted Name.	11(16
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Finited Name.	Title
Signature:	
Printed Name:	Title:
Cimatura	
Signature:Printed Name:	Title
Triffed Name.	
If Florida Corporation:	
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 Liabil Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WHEELS OF GROWING THE PROPERTY OF THE PROPERTY		
ARTICLE I - Name:	•	
The name of the Limited Liability Company	/ 1S:	
DEKOR LLC	The Comment of I C " or "I C "	
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of th	e principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
·	1063 EISENHOWER DR	
1063 EISENHOWER DR NOKOMIS, FL 34275	NOKOMIS, FL 34275	·· - -
NOROMIO, 1 E 04270		
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)	ered Office, & Registered Agen Registered Agent. You must designate an inc	t's Signature: dividual or another
The name and the Florida street address of	the registered agent are:	
MICHAL BRZEZINSKI		
	Name	
1063 EISENHOWER DR		
	(P.O. Box NOT acceptable)	
1000000		
NOKOMIS	FL 34275	
City	Zip	
Having been named as registered agent a liability company at the place designal registered agent and agree to act in this c statutes relating to the proper and comp accept the obligations of my position of	ted in this certificate, I hereby acce apacity. I further agree to comply plete performance of my duties, and	ept the appointment as with the provisions of all d I am familiar with and
Z	recio).	
Registered Agent's	Signature (REQUIRED)	FILLAHZ
(CON	NTINUED)	T-3 AM 10: TARY OF ST LAHASSEE, I

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

itle:	
AMBR" = Authorized Member	
MGR" = Manager	MICHAL BRZEZINSKI
GR	1063 EISENHOWER DR
	NOKOMIS, FL 34275
	HONOMIO, 1 E 04210
•	
Signature of a member of	r an authorized representative of a member
E V: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.	
E V: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. BRZEZINSKI	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am award

* 5.00 Certificate of Status (Optional)

\$ 5.00 Certificate of Status (Optional)

LLAHASSEE, FL.





Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

DEKOR LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 10/01/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/10/2022 UBI Number: 604 520 124

STATE OF THE STATE

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs. Secretary of State

Date Issued: 08/10/2022

2022 OCT -3 AM 10: C SECRETARY OF STATALL AHASSEF, FL