L22000430778

(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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07/14/22--01024--009 **128.75

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COVER LETTER

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TO: New Filing So Division of C				
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SUBJECT: OMD HO	OME CONSTRUCTION (Name of Resi	ulting Florida Limit	d Company)	
		_		
				are submitted to convert an "Other unce with s. 605.1045, F.S.
Please return all corre	espondence concerning	this matter to:		
URSZULA DVORAK				
	(Contact Person)			
	(Firm/Company)			
8417 NOLAN ST				
	(Address)			
PORT CHARLOTTE, F	FL 33981			
((City, State and Zip Code)			
TAXESAGNES@GMA	IL.COM			
E-mail Address: (to b	e used for future annual rep	ort notifications)		
For further information	on concerning this mat	ter, please call:		
URSZULA DVORAK		at (²²⁴	5955693	
(Name of Conta	ct Person)	(Area Code)	(Daytime T	elephone Number)
	or the following amount a bank located in the U		ocessed by	this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop	e Certi	85.00 Filing Fees. fied Copy. and ficate of Status
Mailing Add			Street Add	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Conversion

Articles of Conversion
For

"Other Business Entity"
Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following
"Other Business Entity" into a Florida Limited Liability Company in accordance with a 60×3045 Flor "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: UMD HOME CONSTRUCTION LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC FROM ILLINOIS (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 01/08/2019 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: UMD HOME-LLG Construction 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.
the date this document is filed by the Florida Department of State.)

- 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 <u>26</u> day of <u>A-9</u>	20 <u>22</u>		
Signature of Authorized Representative of Limit	ted Liability Company;		
Signature of Authorized Representative:	Title: MEMBER		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)		
Signature:			
Printed Name: URSZULA DVORAK	Title: MEMBER		
Signature:			
Printed Name: MICHAL DVORAK	Title: MEMBER	. ~ ~	
		2022 OCT JECKE! TALL AHA	
Signature:Printed Name:		2 OCT -5 LAHASSET	7.
Printed Name:	Title:	I -5	
Signature:		33S	, רה
Signature:Printed Name:		F. P.	
Signature:Printed Name:		5: 59 3 (A) 1 0RIก	
Printed Name:	Title:	지 59 59	•
Signature:Printed Name:	Title		
Trined Name.	_ Tiue		
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.			
in blacetors of Officers have not been selected, an inc	corporator must sign.		
If Florida General Partnership or Limited Liabilit	y Partnership:	\sqcap	
Signature of one General Partner.			1
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:	A st	1
Signatures of ALL General Partners.		도요	1 -
All others:		ZZ	1 =
Signature of an authorized person.		38.	
•		<u> </u>	
Fees:		STAIL FLORID	'
Articles of Conversion:	\$25.00	REF.	
Fees for Florida Articles of Organization:	\$125.00	37	
Certified Copy:	\$30.00 (Optional)		
Certificate of Status:	\$5.00 (Optional)		

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

UMD HOME CONSTRUCTION LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

8417 NOLAN ST

PORT CHARLOTTE, FL 33981

8417 NOLAN ST

PORT CHARLOTTE, FL 33981

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

URSZULA DVORAK

Name

8417 NOLAN ST

Florida street address (P.O. Box NOT acceptable)

PORT CHARLOTTE

₋₋ 33981

City

7 in

Having been named as registered agent and to accept service of process for the above stated 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)

2022 OCT -5 PM 5:

ナートトレ

<u>Title:</u>	Name and Address:	2022 OCT
"AMBR" = Authorized Member		20
"MGR" = Manager	URSZULA DVORAK	
AMBR	8417 NOLAN ST	- SS - 5
	PORT CHARLOTTE, FL 33981	1-1-
AMBR	MICHAL DVORAK	SIAIL SIAIL FLORIF
	8417 NOLAN ST	59
	PORT CHARLOTTE, FL 33981	
		
		
		
(Use attachment if necessary)		\bigcap
(Ose attachment if necessary)		<u> </u>
		<u> </u>
ICLE V: Other provisions, if any.		22
.022 v. outer provisions, ii 213.		27
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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.

URSZULA DVORAK

ARTICLE IV-

Typed or printed name of signee

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)

Form LLC-5.5

Illinois Limited Liability Company Act Articles of Organization

FILE # 07469225

Secretary of State Jesse White Department of Business Services Limited Liability Division www.cyberdriveillinois.com

1.

Filing Fee:

Limited Liability Company Name: UMD HOME CONSTRUCTION LLC

Approved By:

\$150

RAV

JAN 08 2019

Jesse White Secretary of State

FILED

 Address of Principal Place of Business where records of the company will be kept: 300 HILLSIDE DR

STREAMWOOD, IL 60107

- 3. The Limited Liability Company has one or more members on the filing date.
- 4. Registered Agent's Name and Registered Office Address:

AGNES PROFESSIONALS INC 2N610 IL ROUTE 53 LOMBARD, IL 60148-1030

5. Purpose for which the Limited Liability Company is organized:

"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

- 6. The LLC is to have perpetual existence.
- 7. Name and business addresses of all the managers and any member having the authority of manager:

MICHAL DVORAK 300 HILLSIDE DR

STREAMWOOD, IL 60107

URSZULA DVORAK

300 HILLSIDE DR

STREAMWOOD, IL 60107

8. Name and Address of Organizer

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: JANUARY 08, 2019

MICHAL DVORAK 300 HILLSIDE DR STREAMWOOD, IL 60107