

L22000430820

(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:

Office Use Only



600390852996

07/14/22--01024--010 **128.75

10/05/22--01028--001 **21.25

CLERK OF COURT
JAIL ARIASSIST, FL 03107

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JAIL ARIASSIST, FL 03107

2022 OCT -5 PM 5:59

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W22-107214

1-31

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: UMD HOME LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

URSZULA DVORAK
(Contact Person)
(Firm/Company)
8417 NOLAN ST
(Address)
PORT CHARLOTTE, FL 33981
(City, State and Zip Code)
TAXESAGNES@GMAIL.COM
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

URSZULA DVORAK at (224) 5955693
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

<input type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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Mailing Address:

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

Street Address:

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

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

2022 OCT -5 PM 5:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 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 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 ILLINOIS
(Enter state, or if a non-U.S. entity, the name of the country)

on 07/26/2017
(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 LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 07/19/2022

(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 STATE
TALLAHASSEE, FLORIDA

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Signed this 26 day of Aug 20 22

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]

Printed Name: URSZULA DVORAK

Title: MEMBER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: [Signature]

Printed Name: URSZULA DVORAK

Title: MEMBER

Signature: [Signature]

Printed Name: MICHAL DVORAK

Title: MEMBER

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UMD HOME LLC

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

ARTICLE II - Address:

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

Principal Office Address:

8417 NOLAN ST
PORT CHARLOTTE, FL 33981

Mailing Address:

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

FL 33981

City

Zip

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

URSZULA DVORAK

8417 NOLAN ST

PORT CHARLOTTE, FL 33981

AMBR

MICHAL DVORAK

8417 NOLAN ST

PORT CHARLOTTE, FL 33981

CLERK OF STATE
FALL A. ASSESS. FLORIDA

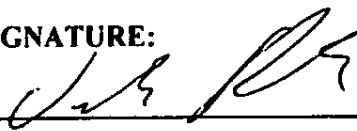
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(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:



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

Typed or printed name of signer

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)

CLERK OF STATE
FALL A. ASSESS. FLORIDA

FILED

Form
July 2017

LLC-5.5

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois
Limited Liability Company Act
Articles of Organization

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$500

Approved: 

FILE # 0635-821-7

This space for use by Secretary of State.

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JUL 26 2017

JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company name: UMD HOME LLC

The LLC name must contain the words Limited Liability Company, L.L.C. or LLC and cannot contain the terms Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership or L.P.

2. Address of principal place of business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.)

300 HILLSIDE DR STREAMWOOD IL 60107

3. Articles of Organization effective on: (check one)

☒ the filing date

☐ a later date (not to exceed 60 days after the filing date): _____

Month, Day, Year

4. Registered agent's name and registered office address:

Registered agent: ALPHA & OMEGA ACCOUNTING AND BOOKS LTD

First Name

Middle Initial

Last Name

Registered office: 2720 S RIVER RD SUITE 244

(P.O. Box alone or c/o is unacceptable.)

Number

Street

Suite #

DES PLAINES

IL

60018

City

ZIP Code

Note: The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as agent in this state.

5. Purpose(s) 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 and/or exclusively for the purpose(s) stated below:

6. The duration of the company is perpetual unless otherwise stated. If the operating agreement provides for a dissolution date, enter that date here: _____

Month/Day

Year