QUUD463942

(Requestor's Name)
(Address)
(4)
(Address)
(City/State/Zip/Phone #)
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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T. SCOTT,
OCT 3 1 2022

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05/27/22--01010--016 **125.00

10/05/22--01020--001 ++25.00



COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: _____

Name of Limited Liability Company

Dear Sir or Madam:

٠.

The enclosed Articles of Domestication of a Non-U.S. Entity and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK HOLMES

Name of Person

MARKAYE VENTURE GROUP, LLC

Firm/Company

1084 FOREST LASKES DR (APT 104)

Address

NAPLES, FLORIDA 34105

City/State and Zip Code

COMPGEN808@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK HOLMES

Name of Person

2690418

____ at (_____

239

)

Area Code Daytime Telephone Number

<u>Mailing Address:</u> New Filing Section Division of Corporations Street Address: New Filing Section Division of Corporations

COVER LETTER

TO: New Filing Section Division of Corporations

MARKAYE VENTURE GROUP, LLC. (Name of Resulting Florida Limited Company) SUBJECT:

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:

MARK HOLMES (Contact Person) MARKAYE VENTURE GROUP, LLC (Firm/Company) FOREST LAKES DR. NAPLES (104)1084 (Address) NAPLES, FLOFIDA , 34105 (City, State and Zip Code) COMPGEN 808 & GMAIL. COM

1:-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

MARK HOLMES at (239) 269-0418 (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)

☑ \$150.00 Filing Fees	□\$155.00 Filing Fees	□\$180.00 Filing Fees	□\$185.00 Filing Fees.
(\$25 for Conversion	and Certificate of	and Certified Copy	Certified Copy, and
& \$125 for Articles	Status		Certificate of Status

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

of Organization)

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 s.605.1045, Florida Statutes.

۱.	The name of the	"Other I	Business Entity"	immediately p	prior to the	filing of the	Articles of (Conversion is:
			MARKAYE	VENTURE	GROUP	. LÌC		

(Enter Name of Other Business Entity)

PARTNERSHIP (LLC) 2. The "Other Business Entity" is a _____ (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

on

5/17/2024 (date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

(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.



Signed this day of	20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative; Mar	hall li
Printed Name: MARK HOLMES	Title: MGR
Signature(s) on behalf of Other Business Entity:	See below for required signatu
Signature: Arber Printed Name: FAQUED HOL MES	
Printed Name: RAQUELO HOL MES	Title: M6R
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
Signature: Printed 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 Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
<u>All others:</u> Signature of an authorized person.	
<u>Fees:</u>	
	\$25.00
Articles of Conversion:	
Articles of Conversion: Fees for Florida Articles of Organization:	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

MARKAYE VENTURE GROUP 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:
1054 FOREST LAKES DR. WILT 164	1084 FOREST LAKES DR. UNIT 104
NAPLEL, FLORIDA 34105	NAPLES, FL 34105

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:

MARK HOLD	NES
Nam	e
1084 FOREST LA	KES DR. WIT 104
Florida street address (P.C). Box <u>NOT</u> acceptable)
NAPLES	FL 34105
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. Thereby accept the appointment as registered agent and agree to act in this capacity. Tfurther 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..

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Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager M&R	MARK HOLMES 1054 FOREST VAKES DR. (104) NUPLES, FL 34105
MGR	RAQUEL HOLMET (KAYE) 1984 FOREST LAKES OR · (104) NAPLES, PL 34105
(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.

MARK HOLMES

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)