

(Red	questor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dox	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only

T. SCOTT

NOV 1 5 2022



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FRANCHSING
BIVISIDE OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 NOV -7 PM 8: 0



14280 Manatee rd. Parrish, FL 34219 BlessMyLand.com November 1, 2022

To whom it may concern,

Thank you for your time, please I would like to Convert my California Real Estate Business of Bless my Land LLC, into a Florida State business.

affectives check for \$ 18500

Thank you very much, here is my contact information if you need to further contact me:

Telephone: 808-495-1675.

Sylviamillonaria@gmoul.com

Once again, thank you and many blessings,

Sylvia Santos

Manager and Owner of Bless my Land LLC

#### **COVER LETTER**

<b>TO:</b> New Filing S Division of C				
SUBJECT: Bless my	/ Land LLC			
	(Name of Res	ulting Florida Limit	ed Com	pany)
		_		fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Sylvia Santos				
	(Contact Person)		•	
Bless my Land LLC				
	(Firm/Company)		•	
14280 Manatee rd.				
	(Address)		-	
Parrish, FL 34219				
	City, State and Zip Code)			
sylviamillonaria@gma	· · · · · · · · · · · · · · · · ·			
E-mail Address: (to b	oe used for future annual re	port notifications)	•	
Con Contain in Comment	an assassina <b>t</b> his ma	ttor slagge adli		
	on concerning this ma	•		
Sylvia Santos		_at ( <sup>808</sup>	)495-10	675 
(Name of Conta	act Person)	(Area Code)	(Dayt	ime Telephone Number)
	for the following amou a bank located in the		rocesso	ed 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		S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:		Street	Address:
New Filing S	ection		New F	iling Section
Division of C	•			on of Corporations
P.O. Box 632			The Ce	entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### **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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Bless my Land LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Corporation  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
November 10, 2021 on .
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Bless my Land LLC  (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  November 1, 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.



Signed this 1 day of November	
Signature of Authorized Representative of Limi	1.11
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	41
Signature of Authorized Representative:  Printed Name: Sylvia Santos	Title: Owner
061	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
///	
Signature:	
Signature: Printed Name: Sylvia Santos	Title: Manger
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signatura	
Signature: Printed Name:	Title:
Timed indire.	
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title
Finited Name.	Titte.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
MCD 24. Co In	. b
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty rartnersnip:
Signature of one General Farmer.	
If Florida Limited Partnership or Limited Liability	ty Limited Partnership:
Signatures of ALL General Partners.	<del></del>
A.W. 41	
All others: Signature of an authorized person.	
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

<b>ARTICLE 1 - Name:</b> The name of the Limited Liability (			
The hame of the Elimed Elability	Company is:		
Bless my Land LLC			
(Must contain the words "	"Limited Liability Company, "L.I.	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ress of the principal office	e of the Limited Liability Company	is:
Principal Office Address:	Mailing A	ddress:	
14280 Manatee rd. Parrish, FL 34219	14280 Man Parrish, FL		
The name and the Florida street add  Sylvia Santos	dress of the registered age Name	ent are:	
14280 Manatee	<del></del>		
Florida street a	address (P.O. Box <u>NOT</u> a	acceptable)	
Parrish	FL 3421	<del></del>	
(	City	Zip	
Having heen named as registered	Lagent and to accent servi	ice of process for the above stated lim	
liability company at the place of registered agent and agree to act statutes relating to the proper an	designated in this certifica in this capacity. I further nd complete performance	ate, I hereby accept the appointment a agree to comply with the provisions of of my duties, and I am familiar with a at as provided for in Chapter 605, F.S.	is of ali ind

## 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	0.11:0:4:
MGR	Sylvia Santos
	14280 Manatee rd.
	Parrish, FL 34219
<del></del>	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	<del> </del>
•	
(Use attachment if necessary)  LE V: Other provisions, if any.	
•	
•	
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LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware th
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document any false information submitted in a document is executed in a docum	e with section 605.0203 (1) (b), Florida Statutes. I am aware the unant to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document any false information submitted in a document is provided for in s.817.155, F.S.  Sylvia Santos	e with section 605.0203 (1) (b), Florida Statutes. I am aware th