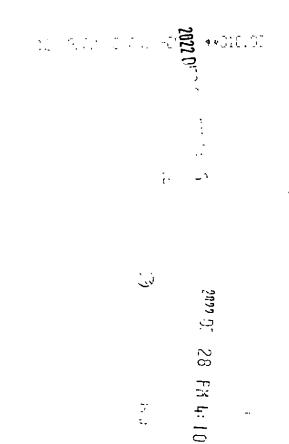
## (770000535547

(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



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## **COVER LETTER**

Division of Corporations
SUBJECT: 18 A Divine Assetz 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:
Arlen Carter (Contact Person)
Of A Divine Assetz LLC (Firm/Company)
4530 Saint Johns Are Ste 15 Unit 519 (Address)
Secresorville F1 32216 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
A-lene Carter at (904) 577 - 2307 (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)
S150.00 Filing Fees (\$25 for Conversion & Status  Status  S150.00 Filing Fees and Certified Copy Status  Status  S180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	ompany is:			
D#A Divine (Must contain the	Assc+z	LLC	L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street address	ss of the principal office	of the Limited L	iability Company is:	
Principal O	ffice Address:		Mailing Address	<u>s</u> :
4530 Saint Je 3te 15 Unit Jacksonville F	519	<u>54.e</u>	15 Unit 519 CKSONVIK IFL 3	
ARTICLE III - Registered Agent, l (The Limited Liability Company can another business entity with an activ	not serve as its own Reg	egistered Agent istered Agent, Y	's Signature: ou must designate an indi	cidual or
The name and the Florida street addr	ress of the registered age	nt are:		
_	Arlene C	Carter		
- <u>-</u> - <u>-</u> <u>-</u>	1530 Samt Torida street address (P.	<u> </u>	Are Ste 15 L	Init 519
<del></del>	Tech serville	State	Zip	
Having been named as registered agen place designated in this certificate. I he further agree to comply with the provis am familiar with and accept the obliga-	ereby accept the appoint tions of all statutes relati	nent as registered ng to the proper o	l agent and agree to act in ind complete performance	this capacity. I of my duties, and I
		Agent's Signatu	re (REQUIRED)	2022 pr
	(€	CONTINUED)		, .

## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager  AMBR	Artene Carter 4530 Saint Junns Are Ste is Unit 519
	Saccesowille F1 32210
	2022 ——————————————————————————————————
<del></del>	; ;
(Use attachment if necessary)	j. w
the date of filing.)	es not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REOURED SIGNATURE:	
$\alpha$	a Cant
Signature of This document is I am aware that a	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
	A-Lone Ca-ter- Typed or printed name of signee
	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)