# 12300179230

(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:



7222001/6522



900392774899

08/29/22--01040--019 ++150

SECRETARY OF STATE TALLAHASSEE, FL

Carlo Carro



September 14, 2022

BARBARA YOUNGS 1 N380 CHASPEL CT CAROL STREAM, IL 60188

SUBJECT: YOUNGS LIMITED LLC Ref. Number: W22000116522

We have received your document for YOUNGS LIMITED LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

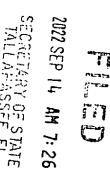
Illinois IIc can only convert to Florida.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 422A00020447



#### COVER LETTER

,\*

TO: New Filing Section Division of Corporations
SUBJECT: JOUNG SLIMITED 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:
X BARBARA OUNGS (Contact Person)
(Firm/Company) 6350 Lexington #/02 (Address)
WANS F/ 34/10 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person)  (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 and Certificate of \$125 for Articles of Organization)  \$\int \frac{1}{2} \
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 810 FrTallahassee, FL 32303The Centre of Tallahassee

#### **Articles of Conversion**

For

### "Other Business Entity"

lnto

### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on Siff. B, 2014.  (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)
(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.
SECRETARY OF TALLAHASS

Signed t	his April day of //	. 20 <u>23</u> .
Signatu	re of Authorized Representative of Limit	ed Liability Company:
Signatur Printed N	Te of Authorized Representative. But	bus Jaen -
	re(s) on behalf of Other Business Entity: [5	<i>U</i>
Signatur Printed l	re: Barbara Jungs Name: BARBARA HOURS	Title: My
Signatur Printed	re:	Title:
Signatur Printed	re: Name:	_ Title:
Signatu Printed	re: Name:	_Title:
Signatu Printed	re:Name:	Title:
Signatu Printed	re:Name:	_ Title:
Signatu If Direc	ida Corporation:  ore of Chairman, Vice Chairman, Director, or ectors or Officers have not been selected, an Incide General Partnership or Limited Liabili	corporator must sign.
Signatu	ire of one General Partner. ida Limited Partnership or Limited Liabili	
All oth	nres of ALL General Partners.  ners:  ure of an authorized person.	
	Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

.022 SEP 14 AM 7:28 SECRETARY DE STAT

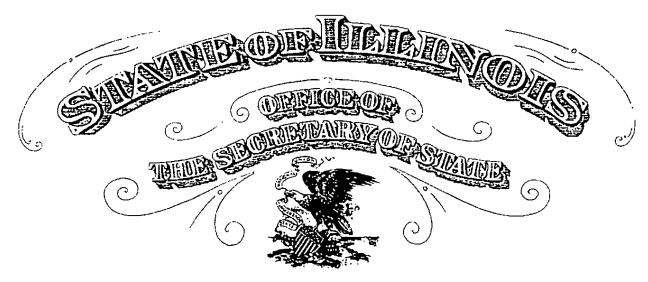
## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
(Must contain the yords "Limited Kiability	Limit	eil LL	( <u>C</u>	_	
(Must contain the yords "Limited Liability	Company, "L.L.C.	," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office o	f the Limited	Liability	Comp	any is:
Principal Office Address:	Mailing Add	ress:			
6350 LPX/19/00 #/02 NAPLES F/ 34/10	635 NA	V LOKI NOS EI	1910	/ <u>1</u> // < -	#/0: 3
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Reperced Agent, You mi	gistered Agen ist designate an inc	it's Signa dividual or a	ature: another	
The name and the Florida street address of the re					
BARBA-RA- Name	Jourg.	5			
Naipe		. ,,			
	exingto		02		
Florida street address (P.O	. Box <u>NÓT</u> ac	ceptable)			
NAP/OS City	FL	34//	O		
City	2	Zip			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate ity. I further a performance of	e, I hereby acco gree to comply "my duties, and	ept the ap with the d I am fai	ppointn provis niliar	nent as zions of at with and
Buku	u du				
Registered Agent's Sign	nature (REQUI	KED)	KS	202	
(CONTIN			CRETARY OF STA MILLAMASSEE, FI	2022 SEP   4 AM 7: 2	

itle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Backer & Jack
Mas	1350 / Avington 4/0:
	WADLES F1 34110
(Use attachment if necessary)  LE V: Other provisions, if any.	
(Use attachment if necessary)  LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	a Grener
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	a Jounge
REQUIRED SIGNATURE:  Signature of a member of	or an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordar any false information submitted in a do	
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fel
Signature of a member of any false information submitted in a do as provided for in s.817.155, F.S.	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware to be Department of State constitutes a third degree fellows.  A COUGS  Typed or printed name of signee  Filing Fees
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.  BARBAR  \$125.00 Filing Fee for Article	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware to be current to the Department of State constitutes a third degree fellows a printed name of signee  Filing Fees  s of Organization and Designation of Registered
Signature of a member of any false information submitted in a do as provided for in s.817.155, F.S.	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware to be current to the Department of State constitutes a third degree fellows a printed name of signee  Filing Fees  s of Organization and Designation of Registered

## File Number

0498558-3



# To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services I certify that

YOUNGS LIMITED, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 16, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set in whand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of OCTOBER A.D. 2022

Authentication #: 2229702454 verifiable until 10/24/2023

Authenticate at: https://www.ilsos.gov

se white

SECRETARY OF STATE