La3000a10045

(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:
Special instructions to Filing Officer.
03/09/23

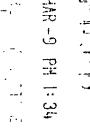




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02/07/23--01047--017 **195.00







February 23, 2023

MICHELLE DAVENPORT 2254 CHIANTI PL UNIT 62 PALM HARBOR, FL 34683 US

SUBJECT: RENU-U LMT, LLC Ref. Number: W23000025236

We have received your document for and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 123A00004328

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www.sunbiz.org

COVER LETTER

то:	New Filing So Division of Co					
SHR	IECT: RENU-U	LMT, LLC				
300	<u> </u>	(Name of Res	ulting	g Florida Limi	ted Con	npany)
						d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g thi	s matter to:		
Miche	elle Davenport					
		(Contact Person)			-	
RENU	J-U LMT, LLC					
		(Firm/Company)		· · · · · · · · · · · · · · · · · · ·	-	·
2254	Chianti Place Uni	it 62				
		(Address)			_	
Palm	Harbor, FL 34683	3				
	((City, State and Zip Code)			_	
renu.	ulmt@gmail.com					
E-1	mail Address: (to b	e used for future annual re	port i	notifications)	_	
For fi	urther information	on concerning this ma	ter,	please call:		
Miche	elle Davenport		at	⁴⁸⁴	619-9	1177
	(Name of Conta	ct Person)		(Area Code) (Day	time Telephone Number)
		or the following amou a bank located in the		-	orocess	ed by this office must be payable in US
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles (anization)	S155.00 Filing Fees and Certificate of Status		\$180.00 Filing I Certified Co		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7			New I Divisi The C	Address: Filing Section on of Corporations fentre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

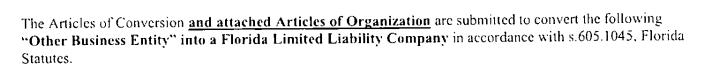
Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: RENU-U LMT, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
01/19/2022
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization RENU-U LMT
(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 afte 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 18th day of January	20_23	
Signature of Authorized Representative of Limit	ed Liability Company:	
Signature of Authorized Representative: Michelle Davenport	Title: Owner	
Signature(s) on behalf of Other Business Entity: [S		
Signature: Michelle Down P Printed Name: Michelle Down Port	Itale: OWNER	
Signature: Printed Name:		
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	2023 HAR -9
Signature:Printed Name:	Title	AR
		9 PH
Signature: Printed Name:	Title:	4 1:3
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		့် တိ
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fees:</u>		

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DENULLIME LIC			
RENU-U LMT, LLC (Must	contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addi	ress: and street address of:	the principal office of the Limited Li	ability Company is:
The maning address		1	•
Principal Office Ad	dress:	Mailing Address:	
36428 US Hwy 19 N		2254 Chianti Place Unit 62	
Palm Harbor, FL 3468	3	Palm Harbor, FL 34683	
ARTICLE III - Reg (The Limited Liability Com- business entity with an act	apany cannot serve as its own	stered Office, & Registered Agent's Registered Agent, You must designate an indiv	s Signature:
(The Limited Liability Combusiness entity with an act	npany cannot serve as its own tive Florida registration.)	stered Office, & Registered Agent's Registered Agent, You must designate an indiv	idual or another
(The Limited Liability Combusiness entity with an act The name and the FI	npany cannot serve as its own tive Florida registration.)	n Registered Agent, You must designate an indiv	2023 HAR
(The Limited Liability Combusiness entity with an act The name and the FI	npany cannot serve as its own tive Florida registration.) orida street address o	n Registered Agent, You must designate an indiv	2023 H
(The Limited Liability Combusiness entity with an act The name and the FI	npany cannot serve as its own tive Florida registration.) orida street address o	f the registered agent are: Name	2023 HAR = 9
(The Limited Liability Combusiness entity with an act The name and the FI	npany cannot serve as its own tive Florida registration.) orida street address of Michelle Davenport 2254 Chianti Place Unit	f the registered agent are: Name	2023 HAR = 9
(The Limited Liability Combusiness entity with an act The name and the FI	npany cannot serve as its own tive Florida registration.) orida street address of Michelle Davenport 2254 Chianti Place Unit	f the registered agent are: Name	2023 HAR - 9 PH

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..

(CONTINUED)

Medalla Managert (REQUIRED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Michelle Davenport 2254 Chianti Pl Unit 62 Palm Harbor, FL 34683
	S
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	helle Dowenpert
	r an authorized representative of a member see with section 605.0203 (1) (b), Florida Statutes. I am awar sument to the Department of State constitutes a third degree
	yped or printed name of signee Filing Fees
\$125.00 Filing Fee for Articles	of Organization and Designation of Registered on all Sciences 5.00 Certificate of Status (Optional)