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(R	equestor's Name)
(Ac	ddress)
(Å(ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bt	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: New Path Estates

(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:

Yhonsha Rue (Contact Person) New Path Estates (Firm/Company) 3680 Apopka Ridge Circle (Address) Apopka, FL 32703 (City, State and Zip Code) yhonsha@hotmail.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: 407) 375-6316 (Area Code) (Daytime Telephone Number) _at (<u>407</u> Yhonsha Rue (Name of Contact Person) 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 **S**155.00 Filing Fees □\$180.00 Filing Fees □\$185.00 Filing Fees. (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and Certificate of Status & \$125 for Articles Status of Organization) Street Address: Mailing Address: New Filing Section New Filing Section **Division of Corporations**

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

P.O. Box 6327

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: New Path Estates, Inc.

(Enter Name of Other Business Entity)

Corporation 2. The "Other Business Entity" is a _____ (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)

07/10/2020 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:

New Path Estates, LLC

(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 10 day of April	20 <u>23</u> .
Signature of Authorized Representative of Limite	-Liability Company:
Signature of Authorized Representative: Printed Name: Yhonsha Rue	Title: Owner/CEO
Signature(s) on behalf of Other Business Entity: S	ee below for required signature(s)]
Signature: Chonsha RUC	Title: Oumer (CCO
Signature:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco	
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:
<u>All others:</u> Signature of an authorized person.	
Fees:	
Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

New Path Estates, 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:	<u>Mailing Address:</u>
3680 Apopka Ridge Circle	1746 E. Silver Star Road
Apopka, FL 32703	Suite 526
	Ocoee, FL 34761

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:

Yhonsha Rue

Name

3680 Apopka Ridge Circle

Florida street address (P.O. Box NOT acceptable)

Apopka FL 32703 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. Thirther 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.

d Agent's Signature (REQUIRED)

(CONTINUED)

present and the second s • • •

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	
MGR	Yhonsha Rue
	3680 Apopka Ridge Circle
	Apopka, FL 32703
,, <u></u> _	
(Use attachment if necessary)	
(ose addenment in necessary)	

ARTICLE V: Other provisions, if any.

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REQUIRED SIGNATURE:	- 5
- Atta A	
	S: 50
This document is executed in accordance with section 605 0203 (1) (b) Florida Statutes I am aware that
This document is executed in accordance with section 605.0203 (1) (any false information submitted in a document to the Department of S as provided for in s.817.155. F.S.	tate constitutes a third degree felopy
any false information submitted in a document to the Department of S	tate constitutes a third degree felopy
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