# LQ3010258568

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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#### **COVER LETTER**

	on of Corpor						
SUBJECT: _	LOL	Home	Resolut	10ns .	LLC		
		(Name of R	esulting Florida Limited	Company)		-	
The enclosed Business Entit	Articles of C y" into a "Fl	onversion, Arti orida Limited I	icles of Organization Liability Company" i	, and fees a	re submitted to be with s. 605.1	convert an "Othe 045, F.S.	r
			ng this matter to:				
Rob,	in P	Latzer	<b>-</b>				
The		Hand / (December 1)	ers				
4509	Bee		Rd#D	>			
Sara	SOTA	Flori	da			3	
robina	City, Star The ta	te and Zip Code) Xhandler				23 JAN 19 SECALIASSI ALLAHASSI	
For further info							-
Robin	Platz Contact Person	er	at (94/) (Area Code) (Do	3711 · C	197 none Number)	PM 12: 22 Entrance:	• •
Enclosed is a ch dollars and draw	eck for the fo	ollowing amous located in the t	nt: (All checks proce United States)	ssed by this	office must be	payable in US	
\$150,00 Filing F (\$25 for Conversion & \$125 for Articles of Organization)	n and Cer	.00 Filing Fees tificate of	□\$180.00 Filing Fees and Certified Copy	□\$185.00 Certified ( Certificate			
Mailing	Address:		Stree	et Address:			

New Filing Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

# INHS11 (7/17)

New Filing Section

P.O. Box 6327

Division of Corporations

Tallahassec, FL 32314

TO: New Filing Section

### **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 Lot Home Resolutions; LLC	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law	w or business trust, etc.)
First organized, formed or incorporated under the laws of <u>Florida</u>	
(Enter state, or if a non-U.S. entity, the nam	e of the country),
on $1/30/3020$	
on // 30/3020 (date of organization, formation or incorporation)	3 JAN 19
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	of Organization:
LOL Home Resolutions, LLC (Enter Name of Florida Limited Liability Company)	
(Enter Name of Florida Limited Liability Company)	22
. 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 can he 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 ocument's effective date on the Department of State's records.	·
The plan of conversion has been approved in a second secon	

- 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 08 day of March	20 23		
Signature of Authorized Representative of I	imited Liability Company:		
Signature of Authorized Representative: Printed Name: Jason A Arthur	ayson A Arthur  Title: Mar	_	
Signature(s) on behalf of Other Business Entit	y: [See below for required signature(s)]		
Signature: Jayron A Active			
Timed Hame. U. VISON AT HINGE	Title:	<del></del>	
Printed Name: Karen a DI Gloria			
Printed Name: Karen a Di Gloria	Title: MGD	_	
Signature: Printed Name: 1000 ALL HUGE			
Printed Name: Korn WLLH Will	Title:	_	
Signature: Printed Name:	Title:		
Signature		_	
Signature: Printed Name:	Tisla	~	
	True:	23 561 741	
Signature:		TORALL MAC 8	-1
Signature:Printed Name:	Title:	第二   第二   1   1   1   1   1   1   1   1   1	
If Florida Corporation:		ه زيز	; ;
Signature of Chairman, Vice Chairman, Director, o	r Officer.	PR 12:	
If Directors or Officers have not been selected, an I	ncorporator must sign.		` .
If Florida General Partnership or Limited Liabil Signature of one General Partner.	lity Partnership:	22 ann	
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership:		
All others: Signature of an authorized person.			
Fccs:			
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

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

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
LOL Home Reso	olutions, LLC. y Company, "L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6118 Carlton Ave Sarasora FL 34231	6118 Carlton Sarasota FL 34231
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
The name and the Florida street address of the r	registered agent are:
Robin Plan	Zer PHI
4509 Bee 1 Florida street address (P.O	registered agent are:    Zer
<u>Sarasoza</u> City	FL 34233

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..

Registered Agent & Signature (\$200 (RED))

(CONTINUED)

ARTICLE IV	A	RT	ICL	Æ	IV.
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The name and address of each person authorized to manage and control the Limited Liability Company:

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ı	represe	.0203 (1) (b), Florid	representative of a m .0203 (1) (b), Florida Statute	Platze  I representative of a member  .0203 (1) (b), Florida Statutes. I am aw the threat of State constitutes a third degre

Robin Platzer
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)

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

IOL HOME RESOLUTIONS

Date of this notice: 01-10-2023

Employer Identification Number:

92-1671919

Horm: SS-4

Number of this notice: OF 575 G

JAYSON A ARTHUR SOLE MBR For assistance you may call us at: 6118 CARLTON AVE SARASOTA, FL 34231

1-800-829-4933

TE YOU WRITT, ATPACH THE STUB AT THE END OF THIS MOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Phank you for applying for an Employer Identification Number (EIII). We assigned you EIK 92-1671019. This EIN will identify you, your business accounts, tax meturas, and decuments over if you have no arrival and a second to the part of the part o documents, even if you have no employees. Please keep this notice in your 1 form Heart records.

Taxpayers request an EIM for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using Their Minformation. If you did not apply for this EIN, please contact us at the phone number or addaess listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stuband return it to us.

A limited liability company (LLC) may file Form 9832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the BIC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 6832.

To obtain tax forms and publications, including those referenced in this not ce, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- Heep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a dup'icate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIO and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this KIII on your tax-related correspondence and documents.
- Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is LOLH. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Tampayer Data: A Guido for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIM, you can contact us at the phone purport or address listed at the top of this notice. If you write, please teamers the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

9999999999

Your Pelephone Number Best Time to Call DATE OF THIS NOT CH: 01-10-2023 )

EMPLOYER IDENTIFICATION NUMBER: 92-1671019

FORM: SS-4 NOEOD

INTERNAL REVENUE SERVICE JINGIMNATI OR 45999-3023 

101 HOME RESOLUTIONS WAYSON A ARTHUR SOLE MBR £118 CZRIPON AVE. SAFASOTA, FL 34231