

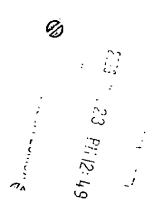
	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Cartified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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DATE:

06/23/23

NAME: DELF-241 LLC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Filing So	ection orporations				
SUBJECT:	DELF-24	1 LLC				
SUBJECT:		(Name of Res	sulting Florida Limi	ted Com	npany)	
					d fees are submitted to convert an ecordance with s. 605.1045, F.S.	"Othe
Please return	all corre	espondence concernin	g this matter to:			
MARCELA BO	TTINEL	LI				
		(Contact Person)		-		
MB7 CORPOR	RATE SE	RVICES LLC		_		
		(Firm/Company)				
777 BRICKEL	L AVE, S	STE 1210		_		
	•	(Address)				
MIAMI, FL 33	131					
	((City, State and Zip Code)		-		
mbottinelli@ul	ny-mach	o.com				
E-mail Addr	ess: (to b	e used for future annual re	port notifications)	_		
For further in	formati	on concerning this ma	tter, please call:			
MARCELA BO	TTINEL	LI	at (⁺¹) 305-5	time Telephone Number)	
(Name	of Conta	ct Person)	(Area Code) (Dayı	time Telephone Number)	
		or the following amou a bank located in the	•	process	ed by this office must be payable i	n US
\$150.00 Filia (\$25 for Conver & \$125 for Artio of Organization)	sion cles	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi	ng Addi Filing So on of C	ection orporations		New F Division	Address: Filing Section on of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

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: DELF-241 LLC
(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 or business trust, etc.)
(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)
05/25/2022 on (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DELF-241 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 emproved in accordance with all applicable statutes

- 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 <u>25</u>	day of MAY	20 <u>23</u> .
Signat	ture of Autho	rized Representative of L	mited Liability Company:
C:	C A41	in a Danasantation	Marian Durao
Signat	ure of Authori Name: MARIA	zed Representative: A ANGELICA DURAO	Title: MANAGER
rimec	i name; waxa	ANGELICA DOIVAG	Title: MANAGER
Signat	ure(s) on beh:	alf of Other Business Entity	: [See below for required signature(s)
		DocuMensed by:	
Signati	ure:	Marian Durao	
Printed	i Name: MARIA	A ANGELICA DURAO	Title: MANAGER
Signati	ure:		
Printec	l Name		Title:
1111100			
Signati	ure:		
Printed	l Name:		Title:
Cianati	uma:		
Printed	ure. I Name:		Title:
Timee	r realite		
Signati	ure:		
Printed	Name:		Title:
Cianati	uro:		
Printed	l Name:		Title:
	ida Corporat		
		n, Vice Chairman, Director,	
If Dire	ctors or Office	rs have not been selected, an	Incorporator must sign.
If Flor	ida General P	artnership or Limited Lial	nility Partnershin:
	are of one Gen		
_			
		artnership or Limited Liab	vility Limited Partnership:
Signati	ires of ALL G	eneral Partners.	
All oth	iers:		
	ure of an autho	rized person.	
		-	
Fees:			
	Articles of C	onversion	\$25.00
		onversion: ida Articles of Organizatior	\$25.00 i: \$125.00
	Certified Cor		\$30.00 (Optional)
	Certificate of		\$5.00 (Optional)
			·



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited	d Liability Company is:		
DELF-241 LLC			
	tain the words "Limited Liability (Company, "L.L.C.," or "LLC.")	
ADDICE DE LA LE			
ARTICLE II - Addres The mailing address and	s: I street address of the prir	ncipal office of the Limit	ed Liability Company is:
Principal Office Addre	ess:	Mailing Address:	
777 BRICKELL AVENUE		777 BRICKELL AVENUE	
SUITE 1210		SUITE 1210	
MIAMI, FL 33131	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MIAMI, FL 33131	
business entity with an active I	y cannot serve as its own Register Florida registration.) da street address of the re		individual or another
AAD:	7 CORPORATE SERVICES	II.C	
WID	Name	LLO	
	ranc		
<u>777</u>	BRICKELL AVE, STE 1210	MIAMI, FL 33131	
Flo	orida street address (P.O.)	Box NOT acceptable)	
MIA	МІ	FL ³³¹³¹	
	City	Zip	
liability company a registered agent and a statutes relating to ti	nt the place designated in t igree to act in this capacit	his certificate, I hereby a y. I further agree to comp erformance of my duties, c	oly with the provisions of all and I am familiar with and
	Registered Agent's Signa	ture (REQUIRED)	
	(CONTINU	ED)	THE ED SECREMENTS SEESTATE
			~ ~

A	P	Т	1	\mathbf{C}	Г	I	v	′_
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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	MARIA ANGELICA DURAO
	10205 COLLINS AVE #605
	BAL HARBOUR, FL 33154
	
•	
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE:	Docusigned by: Marian Durao ACOUSTO 3088FAC3

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)