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SECRETARY OF STATE

#### **COVER LETTER**

Division of Corporations			
SUBJECT: Haus of Dreams Handyman S	Service, LLC		
(Name of	Resulting Florida Limit	ted Company)	
The enclosed Articles of Conversion, A Business Entity" into a "Florida Limited	•	ion, and fees are submitted to convert an "g" in accordance with s. 605.1045, F.S.	Other
Please return all correspondence concer	rning this matter to:		
Michael Raess			
(Contact Person)		•	
Haus of Dreams Handyman Service, LLC			
(Firm/Company)		-	
2728 Miracle Parkway			
(Address)		-	
Cape Coral, FL 33914			
(City, State and Zip Coo	de)	-	
mraess13@gmail.com			
E-mail Address: (to be used for future annu-	al report notifications)	-	
For further information concerning this	matter, please call:		
Michael Raess	at ( <sup>262</sup>	226-5775	
(Name of Contact Person)		) (Daytime Telephone Number)	
Enclosed is a check for the following ar dollars and drawn on a bank located in		processed by this office must be payable	स्वर्
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  ☐ \$155.00 Filing Fe and Certificate of Status	es \$180.00 Filing and Certified Cop	rees = \$185.00 ring rees, $\frac{1}{11}$	क्ष्म्यून ) ड्री
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	2

#### **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 Haus of Dreams Handyman Service, LLC	prior to the filing of the Articles of Conversion is:
(Enter Name of Other Busines	s Entity)
2. The "Other Business Entity" is a Limited Liability Comp	any
(Enter entity type. Example: corporation, limited par	rtnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	Wisconsin  Enter state, or if a non-U.S. entity, the name of the country)
09/16/2017	•
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company a	s set forth in the attached Articles of Organization:
Haus of Dreams Handyman Service, LLC	
(Enter Name of Florida Limited Liabili	ity Company)
4. If not effective on the date of filing, enter the effective	06/01/2023 e date:
(The effective date: Cannot be prior to date of receipt the date this document is filed by the Florida Departs Note: If the date inserted in this block does not meet the applicable	or filed date nor more than 90 calendar days after nent of State.) 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 accordan	1
6. The "Converted or Other Business Entity" has agreed to which such members are entitled under ss. 605.1006 and	pay any members having appraisal rights the amount to 1605.1061-605.1072, F.S.

•	•		
Signed this 7th	day of <u>May</u>	20 <u>23</u>	<u>-</u>
Signature of Auth	norized Representative (	of Limited Liability Co	ompany:
		1	
Signature of Author	orized Representative: 👱	Vil. Kaes	
Printed Name: Mich	orized Representative: عرم	Title:	mge
Signature(s) on be	half of Other Business E	ntity:  See below for re	equired signature(s)]
	10		
Signature:	Lacess.		
Printed Name:	ichael Rocess	Title: _ ′	man
Signature:			
Printed Name:		Title:	
Signature			
Printed Name:		Title	
Timed (vaine		Title.	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature			
Drinted Mame:		Title	
rimed Name	<del></del> .	ritic.	
If Florida Corpora			
_	nan, Vice Chairman, Direc		
If Directors or Office	cers have not been selected	d, an Incorporator must s	sign.
If Florida General	Partnership or Limited	Liability Partnership:	
Signature of one Ge			
If Florida Limited Signatures of ALL	Partnership or Limited General Partners.	Liability Limited Parts	nership:
5 <u></u>			
All others:			
Signature of an auth	norized person.		
Fees:			

\$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

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Haus of Dreams Handyman Service, LLC		
	ibility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
2728 Miracle Parkway	2728 Miracle Parkway	
Cape Coral, FL 33914	Cape Coral, FL 33914	<u> </u>
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of the	egistered Agent. You must designate an in	
Michael Raess		
	ame	
2728 Miracle Parkway		
	P.O. Box NOT acceptable)	
Cape Coral	FL <sup>33914</sup>	
City	Zip	
,	ed in this certificate, I hereby acc pacity. I further agree to comply ete performance of my duties, an	ept the appointment as wwith the provisions of all ed I am familiar with and

## ARTICLE IV-

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

<u><b>Citle:</b></u> 'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR and MGR	Michael Raess
TOTAL STATE OF THE	2728 Miracle Parkway
	Cape Coral, FL 33914
<del></del>	
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	or an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member This document is executed in accorda	or an authorized representative of a member time with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE:  Signature of a member This document is executed in accordary false information submitted in a d	
REQUIRED SIGNATURE:  Signature of a member This document is executed in accorda	ince with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a member This document is executed in accorda any false information submitted in a d as provided for in s.817.155, F.S.	ince with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE:  Signature of a member This document is executed in accorda any false information submitted in a d	Typed or printed name of signee
Signature of a member This document is executed in accorda any false information submitted in a d as provided for in s.817.155, F.S.	ance with section 605.0203 (1) (b), Florida Statutes. I am aware the ocument to the Department of State constitutes a third degree felo

## **COVER LETTER**

<b>TO:</b> New Filing Section Division of Corporat	ions					
SUBJECT: Haus of Dreams	Handyman Servic	e, LLC				
John Ct.	(Name of Resul		nited Con	ıpany)	-	
The enclosed Articles of Co Business Entity" into a "Flo						Other
Please return all corresponde	ence concerning	this matter to	:			
Michael Raess						
(Cont	act Person)					
Haus of Dreams Handyman Se	ervice, LLC					
(Firm	/Company)		_			
2728 Miracle Parkway			•			
(A	(ddress)		<del></del>			
Cape Coral, FL 33914						
(City, Stat	e and Zip Code)					
mraess13@gmail.com						
E-mail Address: (to be used for	or future annual repo	rt notifications)	_			
For further information conc	eerning this matte	r, please call	<u>.</u>			
Michael Raess		at ( <sup>262</sup>	226-5	5775		
(Name of Contact Person			e) (Day	rtime Telephone Number)	_	
Enclosed is a check for the f dollars and drawn on a bank	~		process	sed by this office must t	oe payable ii	ı US
		□\$180.00 Filinand Certified C		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	STOR	2023 I
Mailing Address: New Filing Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231			New Divis The C 2415	t Address: Filing Section ion of Corporations lentre of Tallahassee N. Monroe Street, Suite nassee, FL 32303	Ο,	ZOZSHAY IO AMII.O

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Haus of Dreams Handyman Service, LLC (Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	<del></del>
(Muse committee words Tammed Dammes	Ç 1/2-1/1/10 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
2728 Miracle Parkway	2728 Miracle Parkway	
Cape Coral, FL 33914	Cape Coral, FL 33914	
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)  The name and the Florida street address of the Michael Raess	registered agent are:	
Nam	e	
2728 Miracle Parkway		
Florida street address (P.C	D. Box <u>NOT</u> acceptable)	
Cape Coral	FL 33914	
City	Zip	
Having been named as registered agent and the liability company at the place designated is registered agent and agree to act in this capate statutes relating to the proper and complete accept the obligations of my position as reaccept the Registered Agent's Signature.	in this certificate. I hereby a city. I further agree to comperformance of my duties, a egistered agent as provided quature (REQUIRED)	ecept the appointment as ply with the provisions of all and I am familiar with and

## ARTICLE IV-

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

UR ACTION A A	
"MGR" = Manager AMBR and MGR	Michael Raess
Will the live in t	2728 Miracle Parkway
	Cape Coral, FL 33914
<del> </del>	
(Use attachment if necessary)	
Use attachment if necessary)  LE V: Other provisions, if any.	
• /	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member This document is executed in accorda	locument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member This document is executed in accordany talse information submitted in a decordany talse.	or an authorized representative of a member ance with section 605.0203 (1) (b). Florida Statutes. I am aware that locument to the Department of State constitutes a third degree felot
Signature of a member This document is executed in accordany false information submitted in a das provided for in s.817.155, F.S.	ance with section 605,0203 (1) (b). Florida Statutes, I am aware that locument to the Department of State constitutes a third degree felogometric fe