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(R	equestor's Name)	
A)	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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THEORY STATES OF THE

COVER LETTER

TO: New Filing S Division of C						
SUBJECT: Discoun	t Lots, LLC					
	(Name of Res	sulting Florida Limi	ed Com	npany)	-	
				d fees are submitted to (ecordance with s. 605.1)		ı "Other
Please return all corr	respondence concernin	g this matter to:				
Renee O'Shea						
	(Contact Person)		•			
Discount Lots, LLC						
	(Firm/Company)		•			
65461 County Road	1 376					
	(Address)		-			
Bangor MI 49013						
	City, State and Zip Code)		-			
alliance5622@gmail.c	•					
	be used for future annual re	port notifications)	-			
For further informati	ion concerning this ma	-				
Renee O'Shea		_at () 205-5	5622	_	
(Name of Cont	act Person)	(Area Code	(Day	time Telephone Number)		
	for the following amou a bank located in the		rocess	sed by this office must b	oe payable	e in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	☐S180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite nassee, FL 32303	810.	20 29 Jun 2 i
INHS11 (7/17)						kin 3: 2

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 Article Discount Lots, LLC	es of Conv	ersion 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	n law or busi	ness trust, etc.)
First organized, formed or incorporated under the laws of	name of the	country)
September 12, 2019		
on (date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	cles of Org	ganization:
Discount Lots, 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 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 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 apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	al rights th	e amount to
	ALL A	2028 Jun 2 i - Ah

Signed this 13th day of July	20
Signature of Authorized Representative of Limit	/ ited Liability Company:
//	
Signature of Authorized Representative:	
Printed Name: William Goldberg	Title: Manager
Signature(s) on behalf of Other Business Entity:	(See below for required signature(s))
, ·	
Signature:	
Signature:	Title: Manager
Signature: Printed Name:	Thin
Printed Name:	rate;
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
<u> If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	to Limited Dartnershin.
Signatures of <u>ALL.</u> General Partners.	ty Ellinted Farthership:
Section 1 division	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

TALL WE SSE T PROB.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Discount Lots, LLC	
(Must contain the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
902 Clint Moore Rd	902 Clint Moore Rd
Suite 132	Suite 132
Boca Raton, FL 33487	Boca Raton, FL 33487
The name and the Florida street address of th William Goldberg	
Na Tanàna mandritry ny taona 2014	ame
902 Clint Moore Rd, Suite	132
Florida street address (P	P.O. Box <u>NOT</u> acceptable)
Boca Raton	FL 33487
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple.	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	William Goldberg	
	902 Clint Moore Rd, Suite 132	
	Boca Raton, FL 33487	
MGR	Paul Herskovitz	
	902 Clint Moore Rd, Suite 132	
	Boca Raton, FL 33487	
 _		
	And the state of t	
		
		
at the contact of the		
(Use attachment if necessary) LE V: Other provisions, if any.		
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member o	or an authorized representative of a management of the status of the sta	
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.	ice with section 605.0203 (1) (b), Florida Statut cument to the Department of State constitutes a	tes. I am awar third degree
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	ice with section 605.0203 (1) (b), Florida Statut cument to the Department of State constitutes a	tes. I am awar third degree
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REQUIRED SIGNATURE: Signature of a member o This document is executed in accordance any false information submitted in a document of the submitted in a do	nce with section 605.0203 (1) (b), Florida Statut cument to the Department of State constitutes a ldberg, Manager	tes. I am awar third degree