L23000507269

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





800417787078

10/27/23--01034--006 **155.00





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:
Dream Space Renovation INC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a NC P190002030.6 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 07/31/2014 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Dream Space Renovation LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 10/23/23.
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.
5. 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>4.7.7</u> day of <u>V(10) De r</u>	_ 20 <u>_ </u>	
Signature of Authorized Representative of Limit	ted Liability Company:	
	• -	
Signature of Authorized Representative: Printed Name: Jacob Brown	Title: OLUMPY	
		-
Signature(s) on behalf of Other Rusiness Entity:	See below for required signature(s)]	
Signature		
Signature:	Title:	-
Signature:Printed Name:	Title:	_
Signature:Printed Name:	Title	
Printed Name:	Title	-
Signature:Printed Name:		_
Printed Name:	_ Title:	-
Signature:		_
Signature:Printed Name:	Title:	-
Signature		
Signature:Printed Name:		- -
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	corporator must sign.	
All others: Signature of an authorized person.		
Fees:		Á.
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	(18300727 PH 1.20

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Dream Space Renovation, 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: Mailing Address:
6112 Agreign Street Aut 1506, Orlando, FL 32835
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:
Jacob Brown
Name
6112 Raileigh Street, APT 1506
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32835 City Zip
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, 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's Signature (REQUIRED)
(CONTINUED)

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager	Jacob Brown 6112 Paleigh Street Apr 1506 011/Undo, FL 32835		
(Use attachment if necessary)			
ICLE V: Other provisions, if any.			
REQUIRED SIGNATURE:	·		
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony		
Jacob Br	rped or printed name of signee		
Ту	ped 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)