L23000545793

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Estitu Nema)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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DATE:

12/11/2023

NAME:

DEVOVE US, INC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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.

DEVOVE US, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation (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)
08/07/2003
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DEVOVE US, 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 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 8TH day of DECEMBER	_20 <u>_23</u> .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	7
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
11 / //	Title: PRESIDENT
Signature: Printed Name:	_ Title:
Signature: Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	
Signature: Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner.	Officer. corporator must sign.
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:		
The name of the I.	imited Liability Company	y is:	
DEVOVE US, LLC.	·		
(Mi	ust contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.	···)
ARTICLE II - Ac	idress:		
		ne principal office of the Lim	nited Liability Company is:
Principal Office A	Address:	Mailing Address:	
1071 NE 43RD STR	REET	1071 NE 43RD STREE	Т
OAKLAND PARK FI	_ 33334	OAKLAND PARK FL 33	
			
Crue minited mapping Co	egistered Agent, Registo ompany cannot serve as its own R active Florida registration.)	ered Office, & Registered A Registered Agent. You must designate	Agent's Signature: an individual or another
The name and the	Florida street address of t	he registered agent are:	
	THERRY DEVOVE		
	N	ame	•
	1071 NE 43RD STREET		
		P.O. Box NOT acceptable)	
	OAKLAND PARK	FI 33334	
	City	Zip	
registered agent of statutes relating	any at the place designate and agree to act in this ca g to the proper and comple	ed in this certificate, I hereby pacity. I further agree to concete performance of my duties, segistered agent as provided	nply with the provisions of all and I am familiar with and

(CONTINUED)

<u>Title:</u> 'AMBR" = Authorized Member 'MGR" = Manager	Name and Address:
MGR	THIERRY DEVOVE
	1071 NE 43RD STREET
	OAKLAND PARK FL 33334
MGR	FREDERIC BURGOS
	1071 NE 43RD STREET
	OAKLAND PARK FL 33334
Use attachment if necessary)	

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

REQUIRED SIGNATURE:

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)