(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:



800419498868

12/04/23--01038--018 \*\*195.00

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#### **COVER LETTER**

TO:	New Filing Section		
	Division of Corporations		
SUBJ	ECT: Cruzin Realty, LLC		
	(Name of Resulting Florida Lin	nited Company)	<del></del>
The er Busin	nclosed Articles of Conversion, Articles of Organiza ess Entity" into a "Florida Limited Liability Compa	ntion, and fees are submitted to convert my" in accordance with s. 605.1045, F.	an "Othe S.
Please	return all correspondence concerning this matter to	:	
Manu	el I. Cruz		
	(Contact Person)		
Cruzi	n Realty, LLC	_	
	(Firm/Company)		
10212	2 N. Valle Dr.		
	(Address)		
Tampa	a, FL 33612		
	(City, State and Zip Code)	<del></del>	
cruzinr	ealty7@gmail.com		
	ail Address: (to be used for future annual report notifications)		
For fur	ther information concerning this matter, please call		
Manue	el I. Cruz at (727) 452-1366		
	(Name of Contact Person) Area Code) (Daytii	me Telephone Number)	
	ed is a check for the following amount: (All checks and drawn on a bank located in the United States)	processed by this office must be payab	ole in US
(\$25 for	.00 Filing Fees \$\sum \\$155.00 Filing Fees \$\sum \\$180.00 Filing Fees  Conversion and Certificate of and Certified Coffor Articles Status Certificate of Status of Organization)		•
	Mailing Address:	Street Address:	
	New Filing Section	New Filing Section	
	Division of Corporations	Division of Corporations	7.0
	P.O. Box 6327	The Centre of Tallahassee	<i>r</i> \2
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	C)
		Tallahassee, FL 32303	

#### **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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u>
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws ofFlorida
(Enter state, or if a non-U.S. entity, the name of the country)
on <u>08/18/2023</u> (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Cruzin Realty, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Filing 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 sş. 605.1006 and 605.1061-605.1072, F.S.
Signed this 15 day of November 20 33.
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative:
Printed Name: Manuel I. Cruz Title: Mgr.

# Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: \_\_\_\_\_ Printed Name: Manuel I. Cruz Signature: Printed Name: \_\_\_\_\_\_ Title: Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Printed Name: \_\_\_\_\_\_ Title: \_\_\_\_\_ 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 Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. 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)

: 1\C

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	ıme:			
The name of the I	Limited Liability Compa	ny is:		
	Cruzin Realt	ty, LLC		
(M	fust contain the words "Limited I	Liability Company,	"L.L.C.," or "LLC."	)
ARTICLE II - A	ddress:			
The mailing addre	ess and street address of	the principal of	fice of the Lim	ited Liability Company is:
Principal Office	Address:	Mailin	g Address:	
10212 N. Valle D	Dr	<del></del> .	10212 N. Valle	Dr
Tampa, FL 3361	2	<del></del> .	Tampa, FL 33	612
		<del></del> .	<del></del>	
		uel I. Cruz	agent are:	
	ì	Name		
	<u> 10212 N. Valle</u>	Dr.		
	Florida street address	(P.O. Box <u>NO</u>	$\underline{\Gamma}$ acceptable)	
	Tampa	FL	33612	
	City		Zip	
liability compar registered agent all statutes rela	ny at the place designate and agree to act in this ating to the proper and c	d in this certific capacity. I fur complete perfor	cate, I hereby a ther agree to co mance of my di	for the above stated limited accept the appointment as comply with the provisions of uties, and I am familiar with ded for in Challer 605, F.S.

(CONTINUED)

#### ARTICLE IV-

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	
<u>MGR</u>	Manuel I. Cruz
	10212 N. Valle Dr.
	Tampa, FL 33612
<del></del>	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	T in Z
This document is executed in accordance	in authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree fellows.
Ma	anuel I. Cruz, Mgr.
Tyr	ned 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)