

L24000116085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

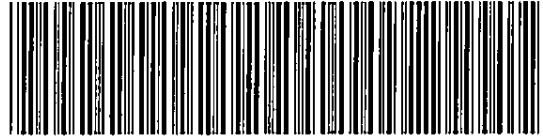
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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T.J.H 2/7/24

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 247 Adelle, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Bryan C Goode III
(Contact Person)

Romanello Goode PL
(Firm/Company)

320 1st Street North, Suite 613
(Address)

Jacksonville Beach, FL 32250
(City, State and Zip Code)

ginnyreynolds1@comcast.net
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Bryan C Goode III at (904) 247.1755
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

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

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 Articles of Conversion is:
Matriarch Properties 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.)

First organized, formed or incorporated under the laws of Florida - P23000031555
(Enter state, or if a non-U.S. entity, the name of the country)

on 04/20/2023
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
247 Adelle, 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.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

247 Adelle, 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:

440 32ND AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250

Mailing Address:

440 32ND AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250

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:

Virginia Reynolds

Name

440 32nd Avenue South

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville Beach

FL 32250

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..

Virginia Reynolds
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

VIRGINIA REYNOLDS

440 32ND AVENUE SOUTH

JACKSONVILLE BEACH, FL 32250

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

x *Virginia Reynolds*

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.

VIRGINIA REYNOLDS

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)

Signed this 26 day of December 2023

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Virginia Reynolds
Printed Name: VIRGINIA REYNOLDS Title: Manager

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Virginia Reynolds
Printed Name: VIRGINIA REYNOLDS Title: Director

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
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)

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The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000031555

Entity Name: MATRIARCH PROPERTIES INC.

Current Principal Place of Business:

440 32ND AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

440 32ND AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 93-2191977

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REYNOLDS, VIRGINIA ELYCE
440 32ND AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VIRGINIA E. REYNOLDS

03/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR
Name REYNOLDS, VIRGINIA
Address 440 32ND AVENUE SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above or on an attachment with all other like empowerd.

SIGNATURE: VIRGINIA E. REYNOLDS

DIRECTOR

03/03/2024

Electronic Signature of Signing Officer/Director Detail

Date