L24000120335

(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:





900423944619

02/15/24--01005--004 **150.00

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 Arti- Rosenfeld Injury Lawyers LLC 	cles of Conversion 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, communication)	non law or business trust, etc.)
First organized, formed or incorporated under the laws of	he name of the country)
(Effect state, of it a non-old, entity, t	ne name of the country)
09/30/2010 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Ar	rticles of Organization:
Rosenfeld Injury Lawyers 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 the date this document is filed by the Florida Department of State.)	90 calendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statutes	262
 The "Converted or Other Business Entity" has agreed to pay any members having appropriate which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	
	• 1
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	3 0

• • •	
Signed this 6th day of February	20 <u>24</u>
Signature of Authorized Representative of Lim	nited Limbility Company:
Signature of Authorized Representative: Printed Name: Jonathan Rosenfeld	
Printed Name: Jonathan Rosenfeld	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Signature:	
Printed Name: Jonathan Rosenfeld	Title: Manager
Cionatara	
Signature: Printed Name:	Title
Timed Name.	
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
6:	
Signature: Printed Name:	Title
rimed Name.	True.
Signature:	
Printed Name:	Title:
If Florida Corporation:	0.00
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an II	icorporator must sign.
If Florida General Partnership or Limited Liabil	ity Partnershin
Signature of one General Partner.	tty raithership.
Dig. water or one wastern rathern	
If Florida Limited Partnership or Limited Liabil	ity Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	2
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
Rosenfeld Injury Lawyers LLC (Must contain the words	"Limited Liability (Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the prin	cipal office of the Limited	d Liability Company is:
Principal Office Address:		Mailing Address:	
1341 Eagle Run Drive		1341 Eagle Run Drive	
Sanibel, FL 33957		Sanibel, FL 33957	·
The name and the Florida street ad		•	
1	341 Eagle Run	Drive	
		Box NOT acceptable)	
Sa	nibel	FL ³³⁹⁵⁷	
	City	Zip	
Having been named as registered liability company at the place registered agent and agree to act statutes relating to the proper a accept the obligations of my p	designated in t in this capacity nd complete pe	his certificate, I hereby acc . I further agree to comply rformance of my duties, an	cept the appointment as y with the provisions of all ad I am familiar with and
			. 5
Registered	Agent's Signa	ture (REQUIRED)	F:
			FH ID: 3
	(CONTINU	ED)	ယ္

A	RT	ΓJ	\Box	F	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 MGR	Jonathan Rosenfeld 1341 Eagle Run Drrive
	Sanibel, FL 33957
	
(Use attachment if necessary)	
TICLE V: Other provisions, if any.	
	2024
REQUIRED SIGNATURE:	
	1
Signature of a momber or	an authorized representative of a member —
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware tha ment to the Department of State constitutes a third degree folon
,	<u> </u>
Jonathan Rosenfeld Tv	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)