# L24000 160617

(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
Special Instructions to Filing Officer:





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03/21/24--01014--002 ++155.00

SECRETARY OF STATE

T-5.H 4/9/24

#### **COVER LETTER**

<b>TO:</b> New Filing Section Division of Corporations	
SUBJECT: Deja Breige LL Name of Resu	Ulting Florida Limited Company)
	es of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:
Deja Futrell (Contact Person)	
Deja Brejae LLC (Firm/Company)	
14109 N Oak PL (Address)	
Fort Lauderdale, FL, 35314 (City, State and Zip Code)	
E-mail Address: (to be used for future annual rep	port notifications)
For further information concerning this mat	ter, please call:
Deja Futvell (Name of Contact Person)	at ( 815 , 557 - 1162 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amoundollars and drawn on a bank located in the	nt: (All checks processed by this office must be payable in US United States)
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy  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 81027 Tallahassee, FL 32303

## **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:
-(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability (ompany (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of(I)Fornia, USA (Enter state, or if a non-U.S. entity, the name of the country)
on 7/20/2000 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Deja Brejae LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 03/15/2024.
(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.)
<u>Note:</u> 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 15th day of March	_20 <u>24</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Dy. ( Printed Name: Peja Tvivell	Title: CEO TOWNER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Deja Trivell	Title: CEO Jaunex
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 If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty 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)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Defa Brejae UC (Must contain the words Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
HIOT N COK PL For Lawsentale, FL 3334	4109 NOah PL FOR Lowderdale IFL 33314
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Deja Futrell Name	
Name	9
Florida street address (P.O	PL  D. Box NOT acceptable)
Furt Lausersale City	FL 33314 Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited in this certificate. I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
Registered Agent's Sig	Prature (REOLURED)
(CONTIN	SECULIA SECULI

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

'MGR" = Manager	
MOK = CEO	Deia Francil
	4109 N Oak PL
	tort Lauterstale, FL 33314
<del></del>	
	<del></del>
	<del></del>
<del></del>	<del></del>
Use attachment if necessary)	
LEV: Other provisions, if any.	
EV: Other provisions, if any.	
EV: Other provisions, if any.	
LE V: Other provisions, if any.	
LEV: Other provisions, if any.	
LEV: Other provisions, if any.	
EV: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	or an authorized representative of a member
Signature of a member of This document is executed in accordan	or an authorized representative of a member ace with section 605.0203 (1) (b). Florida Statutes. I am aware to
Signature of a member of This document is executed in accordan any false information submitted in a document as provided for in s.817.155, F.S.	or an authorized representative of a member ace with section 605.0203 (1) (b). Florida Statutes. I am aware to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordan any false information submitted in a document as provided for in s.817.155, F.S.	M

AP 2 AN CONTRACTOR