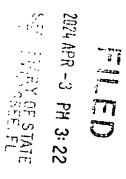
(R	equestor's Name	)
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
(D	ocument Number	)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
	<u> </u>	





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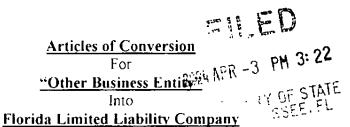


T. MATTHEWS APR 16 2024

### **COVER LETTER**

	w Filing Se vision of Co	ection orporations			
SURJECT	<sub>C</sub> . Demaria	Development, LLC			
OODINE.	· ·		ulting Florida Limit	ed Com	ipany)
			~		d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please retu	ırn all corre	espondence concerning	g this matter to:		
Paula Jalle	en				
-		(Contact Person)			
Legal Strat	egies, PLLC				
		(Firm/Company)		•	
128 NW 28	3th Street, S	uite 801			
		(Address)		•	
iviiami, FL	33127				
	((	City, State and Zip Code)		•	
paula@sm	ulevichlegal	.com			
E-mail A	Address: (to b	e used for future annual re	port notifications)		
For furthe	r informatio	on concerning this ma	tter, please call:		
Paula Jalfe	en		at ( <sup>305</sup>	722-7	7090
(N	ame of Conta	ct Person)		(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	ed by this office must be payable in US
\$150,00 (\$25 for Col & \$125 for of Organiza	nversion Articles	☐\$155,00 Filing Fees and Certificate of Status	☐\$180 00 Filing and Certified Cop		Certified Copy, and Certificate of Status
N€	ailing Add w Filing So vision of C			New I Divisi	Address: Filing Section on of Corporations
	O. Dox 632 Hahassee, F				Centre of Tallahassee N. Monroe Street, Suite 810
เล	iiaiiassee, I	コンプシスエマ		-TIJ	in monioc street, saite ore

Tallahassee, FL 32303



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

1. The name of the "Other Business Entity immediately prior to the filing of the Articles of Conversion is:
Demaria Development, LLC (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, 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)
March 2nd, 2023 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Demaria Development, 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 th	nis <u>26</u>	day_of`_ <u>March</u>	20 <u>24</u>
C:	aC 44ba.	uinnal Dannananaaina afi insi	and Linkilla, Commun.
Signatur	re of Author	rized Representative of Lim	American Liability Company:
Signature	e of Authori	zed Representative:	1 minutes
Printed N	lame: Sabrina	zed Representative:a Smulevich, Esq.	Title: Attorney in Fact
	<u> </u>		
Signatur	e(s) on beha	of Other Business Entity:	See below for required signature(s)
C.		a Smulevich, Esu.	
Signature	Colorina	Southwist For	TO A Marriage Front
Printed N	rame: <u>Saonna</u>	a Smulevion, Esq.	Title: Attorney in Fact
Signature	<u>.</u>		
Printed N	Inmer		Title:
Signature	·		
Printed N	lame:		Title:
Cimptura	٠,		
Drinted N	Inner		Title:
rimed is	ame	·	Title
Signature	e:		
Printed N	lame:		Title:
C:			
Signature	5:	<del></del>	T'A
Printed N	rame:		Title:
If Florid	a Corporati	on:	
		n, Vice Chairman, Director, or	Officer.
		rs have not been selected, an In	
		artnership or Limited Liabili	ty Partnership:
Signature	e of one Gen	eral Partner.	
If Florid	a Limited P	artnership or Limited Liabili	ty Limited Partnershin:
		eneral Partners.	ty talling t main graps
Ü			
All other			
Signature	of an autho	rized person.	
Fees:			
٨	Articles of C	onversion:	\$25.00
			\$125.00
		ida Articles of Organization:	
	Certified Cop		\$30,00 (Optional)
(	Certificate of	Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED	
ARTICLE I - Name: The name of the Limited Liability Company is:	== \
The name of the Limited Liability Company is:  DEMARIA DEVELOPMENT, LI  (Must contain the words "Limited Liability Company.  ARTICLE II - Address:	-QOZY NPR -3 PH STATE
(Must contain the words "Limited Liability Company,	"L.L.C.," or "I.I.C." A SEE. FL
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:

# 128 NW 28th Street, Suite 801 128 NW 28th Street, Suite 801 Miami, FL 33127 Miami, FL 33127

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:

	Name	
7901 4th St N		STE 300
Florida street addre	ss (P.O. Box X	OT acceptable)
St. Petersburg	FL	33702
City	State	Zi

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager MGR	
· ·	
MCD	
MGH	Custor, LLC
	128 NW 28th Street, Suite 801
	Miami, El. 33127
	<del></del>
(Use attachment if necessary)  FICLE V: Effective date, if other than t	he date of filing: (OPTIONAL)
FICLE V: Effective date, if other than to in effective date is listed, the date must date of filing.)	the date of filing:
FICLE V: Effective date, if other than to in effective date is listed, the date must date of filing.) te: If the date inserted in this block doc	t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed a
FICLE V: Effective date, if other than to effective date is listed, the date must date of filing.)  te: If the date inserted in this block document's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed a runent of State's records.
FICLE V: Effective date, if other than to effective date is listed, the date must date of filing.)  te: If the date inserted in this block document's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed a
FICLE V: Effective date, if other than to effective date is listed, the date must date of filing.)  te: If the date inserted in this block document's effective date on the Departicle VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is 1 am aware that a	t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed a runent of State's records.
FICLE V: Effective date, if other than to effective date is listed, the date must date of filing.)  te: If the date inserted in this block document's effective date on the Departicle VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of This document is 1 am aware that a constitutes a thire.	of a member or an authorized representative of a member.  Exercise executed in accordance with section 605,0203 (1) (b). Florida Statutes, my false information submitted in a document to the Department of State.

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

- S 5.00 Certificate of Status (Optional)