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(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:		

Office Use Only



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SEC NOTARY OF STATE

T. MATTEEWS

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#### **COVER LETTER**

TO: **New Filing Section Division of Corporations** 

### SUBJECT: BELMONT ESTATE USA 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:

#### TABITHA A. TAYLOR, ESQ.

(Contact Person)

#### BRYANT TAYLOR LAW PLLC

261 N UNIVERSITY DRIVE, SUITE 500

(Address)

PLANTATION, FL 33324

(City, State and Zip Code)

#### INFO@SBTTLAW.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

TABITHA A. TAYLOR, ESQ. at (954) 282-9331

(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)

S150.00 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

FILED 2024 APR 15 PM 1: 28

Florida Limited Liability Company

COLUMN OF STATE

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:
BELMONT ESTATE 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
First organized formed or incorporated under the laws of DELAWARE
(Enter state, or if a non-U.S. entity, the name of the country)
on 04/21/2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  BELMONT ESTATE USA 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 this 28th day of MARCH	20_24	
Signature of Authorized Representative of Limit	ed Liability Company:	
Signature of Authorized Representative: Such Printed Name: SHADEL NYACK COMPTON	16st	
Signature of Authorized Representative:	ALTHOURS MEMBER	
Printed Name: SHADEL NYACK COMPTON	Title: AUTHORIZED MEMBER	
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)	
Signature: Sully 15pt		
Signature:	MAL AUTHODIZED MEMBER	
Printed Name: SHADEL NYACK COMPTON	Title: AUTHORIZED MEMBER	
Characteria		
Signature:Printed Name:	Title:	
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Signature:Printed Name:	Title:	
Timed Name.		
Signature:		
Printed Name:	_ Title:	
If Florida Corporation:	Micer	
Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc	corporator must sign	
If infrectors of Officers have not occir selected, an inc	orporator must organ	
If Florida General Partnership or Limited Liabilit	ty Partnership:	
Signature of one General Partner.	<del></del>	
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:	
Signatures of <u>ALL</u> General Partners.		
All others:		
Signature of an authorized person.		
<u>Fees:</u>		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
Collination of Sames.	* • · · · · · · · · · · · · · · · · · ·	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

INTICEES OF OTTO	
ARTICLE I - Name: The name of the Limited Liability Company is:	2024 APR 15 PM 1:28
The name of the Elimited Entomy Company to	SELL ARY OF STATE
BELMONT ESTATE USA LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1820 Hollywood Blvd, Unit 214	1820 Hollywood Blvd, Unit 214
Hollywood, FL 33020	Hollywood, FL 33020
The name and the Florida street address of the remainder	
2165 VAN BUREN STREET,	
Florida street address (P.O	. Box <u>NOT</u> acceptable)
HOLLYWOOD	FL 33202 Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capac stantes relating to the proper and complete i	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as tity. I further agree to comply with the provisions of al performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
Rampton	
Registered Agent's Sign	nature (REQUIRED)

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager SHADEL NYACK COMPTON AMBR 1820 Hollywood Blvd, Unit 214 Hollywood, FL 33020 (Use attachment if necessary) ARTICLE V: Other provisions, if any. REQUIRED SIGNATURE: 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. SHADEL NYACK COMPTON 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)

ARTICLE IV-