L24000219095

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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04/08/24--01030--011 **150.00

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April 17, 2024

HEATHER TELLONE 3415 SOFT BREEZE CIR W MELBOURNE, FL 32904 US

SUBJECT: TELLONE PROPERTIES, INC.

Ref. Number: W24000061118

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

If you have any further questions concerning your document, please call (850) 245-6052.

Letter Number: 424A00008405

KAIN COSTELLO Regulatory Specialist II New Filing Section

www.sunbiz.org

COVER LETTER

TO: New Filing S Division of C				
SUBJECT: TELLON	•			
Sobst.Cr.		ulting Florida Limi	ted Com	pany)
				I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Heather Tellone				
	(Contact Person)		-	
Tellone Properties, Inc	•			
	(Firm/Company)		•	
3415 Soft Breeze Circl	e			
	(Address)		-	
West Melbourne, FL 32	2904			
	City, State and Zip Code)		=	
htellone@gmail.com	, , , , , , , , , , , , , , , , , , , ,			
E-mail Address: (to b	e used for future annual re	port notifications)	•	
Can formbur toforms at		. 1 13		
	on concerning this mat	tter, please call:		
Heather Tellone		_at (321)258-01	765
(Name of Conta	ct Person)		(Dayt	ime Telephone Number)
	or the following amou a bank located in the		rocesse	ed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addı	·ess:		Street.	Address:
New Filing Se			New F	iling Section
Division of Co P.O. Box 632				on of Corporations
1.O. DOX 032	1		THE CE	entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

Tallahassee, FL 32314

Signed this 3RD day of APRIL	_20 <u> 24 .</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: HEATHER TELLONE	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature House Signature	
Printed Name: HEATHER TELLONE	Title: PSD
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Cimpatura	
Signature: Printed Name:	Title:
Signature: Printed Name:	The state of the s
rimed Name.	Title:
Signature:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Chairman, Vice Chairman, V	Officer
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)

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: TELLONE 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.)
(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)
08/01/2014 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: TELLONE PROPERTIES, 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 L	iability Company is	:	
TELLONE PROPERTIES, LL		ity Company, "L.L.C.," or "LLC."	
ARTICLE II - Address:	me words - Emmed Gaon	ny Company, E.E.C., or E.C.,	
The mailing address and str	reet address of the p	rincipal office of the Limi	ted Liability Company is:
Principal Office Address:		Mailing Address:	
3415 Soft Breeze Circle		3415 Soft Breeze Circle	
West Melbourne, FL 32904		West Melbourne, FL 3290	<u> </u>
(The Limited Liability Company carbusiness entity with an active Flori The name and the Florida s WIDERI	da registration.)	registered agent are:	ar individual of another
	. New Haven Ave., Si		
Florid	a street address (P.C	D. Box NOT acceptable)	
Melbour		FL 32904	
	City	Zip	
liability company at th registered agent and agre statutes relating to the p	e place designated i e to act in this capa proper and complete	n this certificate, I hereby a city. I further agree to com performance of my duties, s gistered agent as provided	ply with the provisions of all and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Heather Tellone	
	3415 Soft Breeze Circle	
	West Melbourne, FL 32904	
AMBR	Paul Tellone	
 	3415 Soft Breeze Circle	
	West Melbourne, FL 32904	
		
(Use attachment if necessary)		
LE V: Other provisions, if any.		
		
REQUIRED SĮGNATURĘ: 🞺 🦳		
- Her San	V	

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.

Heather Tellone

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)