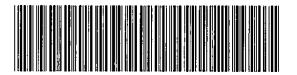
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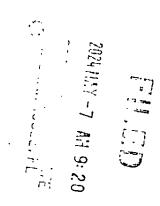
(Requestor's Name)
(Address)
(Address)
(1.03.333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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05/07/24--01016--014 \*#180.00



## COVER LETTER

Division of Co	orporations				
SUBJECT: DONNA	S LEON PA				
30B0ECT		ulting Florida Lin	nited Con	npany)	•
				d fees are submitted to eccordance with s. 605.10	
Please return all corre	espondence concerning	g this matter to	:		
LAURA A. STREIMER					
-	(Contact Person)		_		
STREIMER & FLUSBE	ERG, P.A.				
	(Firm/Company)				
12540 W ATLANTIC B	LVD				
	(Address)				
CORAL SPRINGS, FL	33071				
((	City, State and Zip Code)		_		
INFO@SFCPA.NET					
E-mail Address: (to b	e used for future annual re	port notifications)	_		
For further information	on concerning this ma	ter, please call	:		
LAURA A. STREIMER		_at (	) 846-	1100	
(Name of Conta	ct Person)	(Area Cod	e) (Day	rtime Telephone Number)	
	or the following amou a bank located in the	<del>-</del>	process	sed by this office must b	e 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 Filir and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	2024 h
Mailing Addr New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite massee, FL 32303	810 JULY -7 MI 9: 20

TO: New Filing Section

### **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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  DONNA S LEON PA  PO 3000 48548
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
1-1-2004 on (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DONNA S LEON 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 22 day of April	20 <u>24</u>	
Signature of Authorized Representative of Limit		
Signature of Authorized Representative:	1-a S. Xeew Title: MANAGER	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Mornas Leon		
Printed Name: DONNA S LEON	Title: PRESIDENT	
Cimponen		
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title	
Trined Name.		
Signature:Printed Name:	and a	
Printed Name:	_ 1 itle:	
Signature:		
Signature: Printed Name:	_ Title:	
Signature		
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability	Officer. corporator must sign.	
Signature of one General Partner.	· · · · · · · · · · · · · · · · · · ·	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL 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)	

247:14-7 411 9:20

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
DONNA S LEON LLC		<u></u>
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LL.C.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
5698 SW 103RD AVENUE	5698 SW 103RD AVENUE	
COOPER CITY, FL 33328	COOPER CITY, FL 33328	<del></del>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent, You must designate an individual	;nature: or another
DONNA S LEON		
Name		
5698 SW 103RD AVENUE		
Florida street address (P.O	. Box <u>NOT</u> acceptable)	
COOPER CITY	FL 33328	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as registered Agent's Sign Registered Agent's Sign	n this certificate, I hereby accept the ity. I further agree to comply with the performance of my duties, and I am performance agent as provided for in Charles (REQUIRED)	appointment as he provisions of all familiar with and apter 605, F.S
	·	9:20 9:20

#### ARTICLE 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 - Manager MGR	DONNA S LEON
more	5698 SW 103RD AVENUE
	COOPER CITY, FL 33328
•	
	()
	20
	-7
(Use attachment if necessary)	C.
	Air
ICLE V: Other provisions, if any.	9. 2. 2.
TOLL V. Other provisions, if any.	
AND ALL LAWFUL BUSINESS	
REQUIRED SIGNATURE:	
Dolman	l'Leon
	- J~ G
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware that
	ment to the Department of State constitutes a third degree felony
any false information submitted in a docu	······································
as provided for in s.817.155, F.S.	
as provided for in s.817.155, F.S.  DONNA S LEON	ped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)