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## **COVER LETTER**

	Filing Section ision of Corporations	
SUBJECT:	LEVITT LIQUIDATOR'S LLC	
		nited Liability Company
Dear Sir or N	Madam:	
The enclosed	d Articles of Domestication of a U.S. Entity	and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter t	o the following:
DYLAN W. I	LEVITT	
	Name of Person	
LEVITT LIQ	OUIDATOR'S LLC	
	Firm/Company	<del></del>
14026 OCEA	N PINE CIRCLE	
	Address	<del></del>
ORLANDO,	FL 32828	
	City/State and Zip Code	
levittliquidato	ors@gmail.com	
E-	-mail address: (to be used for future annual report noti	fication)
For further in	nformation concerning this matter, please ca	II:
DYLAN W, I	LEVITT 407	
		Area Code Daytime Telephone Number
Mai	ling Address:	Street Address:
	Filing Section	New Filing Section
	ision of Corporations	Division of Corporations
	. Box 6327	The Centre of Tallahassee
Talla	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303
	Articles of Domestication	on: \$25

Articles of Organization:

Total to Domesticate and file: \$150

\$125

## ARTICLES OF DOMESTICATION

In acc	ordance with 605.1055, Florida Statutes, the Articles of Domestication are submitted for filing:
1.	The date on which the entity was first formed was: 11/21/2022
2.	The name of the entity immediately prior to the filing of the Articles of Domestication was:
	LEVITT LIQUIDATOR'S LLC
3.	Attached are Florida Articles of Organization to complete the domestication requirements pursuant to s. 605.0201.
4.	The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the entity or any other equivalent jurisdiction under applicable law, immediately before the filing of the Articles of Domestication was: MINNESOTA
5.	The domestication has been approved in accordance with the laws of the jurisdiction of formation of the domesticating entity.
	I am authorized to sign these Articles of Domestication on behalf of the entity.  Authorized Signature
6.	Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction of formation,
	pursuant to s. 605.1055 (3), Florida Statutes.

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LEVITT LIQUIDATOR	S LLC		
(Must co	ontain the words "Limited Liabili	ty Company, "L.l.,C.," or "L.l.C.")	
ARTICLE II - Address The mailing address an		ipal office of the Limited Liability Compa	any is:
Principal Office Addr	ess:	Mailing Address:	
14026 OCEAN PINE CH	RCLE	14026 OCEAN PINE CIRCLE	
ORLANDO, FL 32828		ORLANDO, Fl. 32828	
(The Limited Liability Comp business entity with an activ	oany cannot serve as its own Regi e Florida registration.)	ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or a stered agent are:	another
(The Limited Liability Comp business entity with an activ	oany cannot serve as its own Regi	stered Agent. You must designate an individual or a	another
(The Limited Liability Comp business entity with an activ	pany cannot serve as its own Regive Florida registration.) da street address of the regi	stered Agent. You must designate an individual or a	another
(The Limited Liability Comp business entity with an activ	pany cannot serve as its own Regive Florida registration.) da street address of the regi	stered Agent. You must designate an individual or a stered agent are:	another
(The Limited Liability Comp business entity with an activ	pany cannot serve as its own Regive Florida registration.)  da street address of the regi  DYLAN W. LEVITT  N  14026 OCEAN PINE C	stered Agent. You must designate an individual or a stered agent are:	another
(The Limited Liability Comp business entity with an activ	pany cannot serve as its own Regive Florida registration.)  da street address of the regi  DYLAN W. LEVITT  N  14026 OCEAN PINE C	stered Agent. You must designate an individual or a stered agent are:  ame IRCLE	another
(The Limited Liability Comp business entity with an activ	pany cannot serve as its own Regive Florida registration.)  da street address of the regi DYLAN W. LEVITT  N  14026 OCEAN PINE C  Florida street address	stered Agent. You must designate an individual or a stered agent are:  ame IRCLE (P.O. Box NOT acceptable)	another
The Limited Liability Compusiness entity with an active. The name and the Florial Having been named as place designated in the further agree to comply	pany cannot serve as its own Region Plorida registration.)  da street address of the region DYLAN W. LEVITT  Note 14026 OCEAN PINE COMPLET Florida street address ORLANDO  City  registered agent and to accept with the provisions of all states.	stered Agent. You must designate an individual or a stered agent are:  ame IRCLE (P.O. Box <u>NOT</u> acceptable)  FL 32828	imited liability company at the igree to act in this capacity. I performance of my duties, and I

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager DYLAN W. LEVITT 14026 OCEAN PINE CIRCLE ORLANDO, FL 32828 **AMBR** (Use attachment if necessary) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 calendar days after the date of filing.) **ARTICLE VI:** Other provisions, if any.

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

# DYLAN W. LEVITT

REQUIRED SIGNATURE: \_\_

Typed or printed name of signee

Signature of a member or an authorized representative

### Filing Fees: