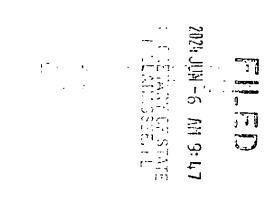
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



800428913928



COVER LETTER

Division of Corporations	
SUBJECT: Volo Exterpt (Name of Resulting Florid	la Limited Company)
The enclosed Articles of Conversion, Articles of Orga Business Entity" into a "Florida Limited Liability Co	anization, and fees are submitted to convert an "Other mpany" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matt	er to:
(Contact Person)	CES
The Sacks Fire	
(Firm/Company)	
Parkland, FL	
(City, State and Zip Code)	
msacks/aga/Dan	a1.000
E-mail Address: (to be used for future annual report notifica	tions)
For further information concerning this matter, please	4
(Name of Contact Person) at (Are	a Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All chedollars and drawn on a bank located in the United States)	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{array}{c} \$155.00 Filing Fees and Certificate of Status \end{array} \$\$180.00 and Certificate of Status	O Filing Fees Status Status Status
Mailing Address:	Street Address:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
(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.

<i>2i</i>			
Signed this day of	20 24		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: Printed Name: Coco V AFOR Some	_Title:		
Signature(s) on behalf of Other Business Entity:			
Signature: Sharp Man Aronson	la		
Printed Name: Coolyn Aconson	Title:		
Signature: Printed Name:	Title:		
Signature:			
Signature:Printed Name:	_ Title:		
Signature:			
Signature: Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	Title:		
Signature:	Til		
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 Signature of one General Partner.	ty Partnership:	2024	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty Limited Partnership:	9- HID	
All others: Signature of an authorized person.			10
Fees:		19:47 STATE	
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 ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	empany is:
Yolo En	-prisas, LLC
(Must contain the words "Li	mited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

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:

ARTICLE I - Name:

Name

120 Section 15

Florida street address (P.O. Box NOT acceptable)

FL 330 76

City Zip

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 I 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)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Caroly - Aronson 14 Isla Raha Drive Fr Landerdale FL 33316
	
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	202
REQUIRED SIGNATURE:	L.Dar
inis document is executed in accordance w	n authorized representative of a member vith section 605.0203 (1) (b), Florida Statutes. I am aware that ent to the Department of State constitutes a third degree felony
Carolyn Ar	on Son

Typed or printed name of signee Filing Fees

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)