L24000256584

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2024

MIGUEL LORA 4996 LONDON CREEK PLACE KISSIMMEE, FL 34758 US

SUBJECT: OAK PLACE REALTY LLC

Ref. Number: W24000034558

We have received your document for OAK PLACE REALTY LLC and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 124A00004605

Tabitha J Howell Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Dak Place Realty L	LC
(Name of Resulting Florida Limited	d Company)
The enclosed Articles of Conversion. Articles of Organization Business Entity" into a "Florida Limited Liability Company"	
Please return all correspondence concerning this matter to:	
Contact Person) Ocik Place Realty (Firm/Company) 4994 London Creek Pl (Address) KISSIMMER FL 34758 (City, State and Zip Code)	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Miguel Ova at () (Name of Contact Person) (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks prodollars and drawn on a bank located in the United States)	ocessed by this office must be payable in US
\$\int \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	
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 P415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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: (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 9 6 2023 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Oak Place Realty LLC (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.



Signed this 26 day of Oc. tober 20 23
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Higher Lorg Title: Owner
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Miguel Lora Printed Name: Michiel Pora Title: President
Printed Name: MICHEL POYCH Inte: PRESIDENTE
Signature: Printed Name: Hudy Carullon Title: Vice President
Trined Hame. Took of Control of the
Signature: Title:
Printed Name: Title:
Signature:
Signature: Title:
Signature:
Signature: Title:
Signature: Tatle:
If Florida Corporation: Signature of Chairman. Vice Chairman. Director. or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

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ASTORIAN MS: 40

ASTORIAN MS: 40

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	Address:	Mailing Address:
4996 1 16,55, mm	London CreekPL	4996 London Creekplace KISSIMMER FL 34758
(The Limited Liability Cobusiness entity with an	ompany cannot serve as its own Regist active Florida registration.) Florida street address of the r	d Office. & Registered Agent's Signature at individual proportion of the registered agent are:
	Name	e and the
	<u> </u>	
	4996 Lond	on Creck Place
	Florida street address (P.O.	Box NOT acceptable)
	Florida street address (P.O.	

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..

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Miguel Cora 4996 London Creek KISSIMMER FL 34
	
Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	Lore.
required signature: Mugust	
Signature of a member or a This document is executed in accordance any false information submitted in a docur	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am awar
Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.\$17.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am award nent to the Department of State constitutes a third degree t
Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.\$17.155, F.S.	

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

ARTICLE IV-

Company: