# ha4000a41745

	(Requestor's Name)
	(Address)
	(Address)
·	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
<del></del>	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
W220	100157156

Office Use Only



100399071251



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## 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 Article	es of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	n law or business trust, etc.)
First organized, formed or incorporated under the laws of	name of the country)
on Oldo late of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Article Line Company (Enter Name of Florida Limited Liability Company)	cles of Organization:
4. If not effective on the date of filing, enter the effective date: 05/10/24 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 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 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.	
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	al rights the amount to
	29 29 29 A

Signed this 2rd day of Ma	20 24 .
Signature of Authorized Representa	<i>(</i>
	re: Stille: Que
Signature(s) on behalf of Other Busin	ess Entity: [See below for required signature(s)]
Signature: Muy	
Printed Name: SeeH Needlen	Title: Owner
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Printed Name	Title:
	Title.
Signature:	
Printed Name:	Title:
6:	
Signature:	Title:
rimed ivallie.	Title;
If Florida Corporation:	
Signature of Chairman. Vice Chairman.	Director, or Officer.
If Directors or Officers have not been se	elected, an Incorporator must sign.
If Florida General Partnership or Lin	nited Liability Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Lin	nited Liability Limited Partnership
Signatures of ALL General Partners.	Aced Diability Estimeted Farthership.
All others:	
Signature of an authorized person.	
Fees:	
1 (63.	
Articles of Conversion:	\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$30.00 (Optional) \$5.00 (Optional)

\$125.00

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Van Delta LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ted Liability Company is:
Principal Office Address: Mailing Address:	
1726 Green Mendon Dr 1726 Green Litz FL 33549 Litz FL 335	Meadon Dr.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent. The Limited Liability Company cannot serve as its own Registered Agent. You must designate at business entity with an active Florida registration.)	gent's Signature: n individual or another
The name and the Florida street address of the registered agent are:	
Sest Needleman	
Name	
1726 Green Marcour Dr.	
Florida street address (P.O. Box NOT acceptable)	•
1,17 51 32(49)	
Lt2 FL 33549 City Zip	
Having been named as registered agent and to accept service of process liability company at the place designated in this certificate. I hereby acregistered agent and agree to act in this capacity. I further agree to compatatutes relating to the proper and complete performance of my duties, accept the obligations of my position as registered agent-as provided process.  Registered Agent's Signature (REQUIRED)	eccept the appointment as  oly with the provisions of all and I am familiar with and
(CONTINUED)	 •

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	c 11 , 1 11.
MGR/AMBIC	1726 Green Meadow Dr.
	Litz FL 33549
<del></del>	
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
DECLUDED CLCNATUDE	·
REQUIRED SIGNATURE:	
Signature of a member of a	authorized resuments to 1
This document is executed in accordance wi	authorized representative of a member th section 605.0203 (1) (b). Florida Statutes. I am aware that
any false information submitted in a documer as provided for in s.817.155, F.S., $t$	nt to the Department of State constitutes a third degree felony
Scott Needleno	n
	d 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)

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

ARTICLE IV-

Company:

\$ 5.00 Certificate of Status (Optional)