# 12400265031

(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:
W24000027486

Office Use Only



900422392529

01/22/24--01024--010 \*\*185.00



### **COVER LETTER**

TO:	New Filing S Division of C							
SUBJ	ECT: Richard	Livoni LLC						
	<del></del>		sulting Florida Lin	nited Con	npany)			
The er Busine	nclosed Article ess Entity" into	s of Conversion, Artic a "Florida Limited L	cles of Organiza	tion, ar 1y" in a	nd fees are submitted to ecordance with s. 605.	convert a	an "Othe	r
Please	return all corr	espondence concernin	g this matter to	:				
Richar	d Livoni							
	_	(Contact Person)		<del>_</del>				
		(Firm/Company)		_				
302 NE	E 10th Place			_				
		(Address)						
Willisto	on, Florida 3269	6 						
ricklivo	oni@gmail.com	City, State and Zip Code)		_				
E-m	ail Address: (to b	e used for future annual re	port notifications)	_				
		on concerning this ma						
	d Livoni		_at ( 352	318-2	2092			
	(Name of Conta	ct Person)		(Day	rtime Telephone Number)	<del>-</del>		
uonai s	and drawn on	or the following amou a bank located in the	nt: (All checks United States)	process	sed by this office must	be payabl	e in US	
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		S185.00 Filing Fees. Certified Copy, and Certificate of Status			
	Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassec, F	ection orporations 7		New I Divisi The C 2415 I	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite assee, FL 32303	e 810	2024 JUN 13 PM 2:	

## **Articles of Conversion**

For

#### "Other Business Entity"

Into

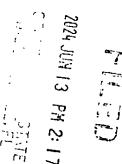
# Florida Limited Liability Company

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:  RICHARD LIVONI, P.A.  P27000 77080.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)  10/01/2022 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Richard Livoni 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 10th day of January	20 2 4
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Printed Name: Richard Livoni	Title: AMBR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	in a signature (o)
Printed Name: Richard Livoni	Title: President
Printed Name: Richard Livoni Signature: Ladelle Signature:	THIC. Trestucin
Printed Name: Rochelle Livoni	Title: Authorized Representative
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
Fces:	
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

MITCELES OF V	JIQANZATI	ONTOKTLO	KIDA LIN	III ED LIAE	SILITY CC	<b>JMPAN</b>	łY
ARTICLE I - Na The name of the I		Company is:					
		Company is.					
Richard Livoni LLC							
(N	lust contain the words	s "Limited Liability C	Company, "L.L.C	C" or "LLC.")		_	
ARTICLE II - A	ddress:						
The mailing addro	ess and street add	dress of the princ	cipal office	of the Limite	d Liability (	Company	y is:
Principal Office	Address:		Mailing Ad	dress:			
302 NE 10th Place							
Williston, FL 32696			302 NE 10th Williston, FL		<del></del>	_	
						_	
ARTICLE III - I (The Limited Liability ( business entity with an The name and the	Florida street ac	e as its own Registere ration.)	ed Agent. You n	iust designate an i	ndividual or an	other	
	Richard Livoni						
		Name					
	302 NE 10th Pla	<del></del>	<del></del>	·			
	Florida street	address (P.O. B	Box <u>NOT</u> ac	ceptable)			
	Williston		FL 32696				
		City		Zip			
registered agent statutes relatin	med as registere pany at the place and agree to act the proper a bligations of my p	r designated in th t in this capacity. and complete per	is certificate I further a formance of tered agent o	e, I hereby acc gree to compl my duties, an as provided fo	ept the appo y with the pi yd Lam fani	ointment rovisions	as of all
		(CONTINUE	ED)		:	2024 JUN 13	9 . 9

A	15	TI	CL	F	13	V_

Richard Livoni

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 AMBR	Richard Livoni	
7 11121	302 NE 10th Place	
	Williston, FL 32696	
AMBR	Rochelle Livoni	
	302 NE 10th Place	
	Williston, FL 32696	
	Willistoff, PE 32090	
	<del></del>	
	<del></del>	
	<del></del>	
(Use attachment if necessary)	<u> </u>	
•	22	
	i di	
CLE V: Other provisions, if any.	2024 JUN 13	
	ω	
	TR.	
	—————————————————————————————————————	
<b>REQUIRED SIGNATURE:</b>		
// 1		
-1/1/	<u></u>	
Signature of a member or a	an authorized representative of a member	
ins document is executed in accordance	With section 605 0203 (1) (b) Florida Statutas, Lancino de la constantida del constantida del constantida de la constantida del constantida del constantida de la constantida de la constantida del constantida de la constantida de la constantida de la constantida del co	
any false information submitted in a docur as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felony	

Typed 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) \$ 5.00 Certificate of Status (Optional)

# 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000077080

Entity Name: RICHARD LIVONI, P.A.

Current Principal Place of Business:

302 NE 10TH PLACE WILLISTON, FL 32696

**FILED** Feb 24, 2024 Secretary of State 4950580778CC

**Current Mailing Address:** 

302 NE 10TH PLACE WILLISTON, FL 32696

FEI Number: 92-0625766

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIVONI, RICHARD 302 NE 10TH PLACE WILLISTON, FL 32696 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title Name

LIVONI, RICHARD

Address

302 NE 10TH PLACE

City-State-Zip: WILLISTON FL 32696

Title

**AUTHORIZED REPRESENTATIVE** 

Name

LIVONI, ROCHELLE

Address

302 NE 10TH PLACE

City-State-Zip: WILLISTON FL 32696

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Flonda Statutes; and that my name appears