# L24000286378

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





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06/18/24--01004--013 \*\*150.00

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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 Articles of Con	iversion is:			
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a Linited Diability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or but	/ usiness trust, etc.			
First organized, formed or incorporated under the laws of 107k State (Enler state, or if a non-U.S. entity, the name of the	e country)			
on 5 2 2 3 (date of organization, formation or incorporation)				
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of O	rganization:			
MAMEYAN DONZO, L.L.C. (Enter Name of Florida Limited Liability Company)				
4. If not effective on the date of filing, enter the effective date: June 3,1024.  (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				
which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	2324 )			
	<del></del> -			
	••			
	<u>ښ</u>			

Signed this 13 day of June	20 2 4
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	Title: AMBR
Signature(s) on behalf of Other Business Entity:	
Signature: A D 200 Printed Name: MAMETAN DONLO	Title: AMBR
Signature:	
Signature:Printed Name:	
Signature: Printed Name:	<u></u>
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	an .
Printed Name:	
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
MAN E IAN DONZO 1.1. C.  (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 Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
MAMEYAN DONZO, L. L.C. 4045 Coyote Coust Middle bung; Fl 32068	MAMEYAN DONZO 4043 Coyote Con Middleb my, Fl 32	9,1-1-( 10+ 206 8		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's red Agent. You must designate an indivi	Signati dual or and	ure: other	
The name and the Florida street address of the re	gistered agent are:			
MAMEJAN DO Name	INIZO			
4045 Coyute Florida street address (P.O.	Pov NOT acceptable)			
Middle buya City	FL 32168 Zip			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po accept the obligations of my position as regi	this certificate. I hereby accept ty. I further agree to comply wi erformance of my duties, and La	the appo th the pr am famil	ointment as covisions of all liar with and	
Registered Agent's Signa	ature (REQUIRED)	; ,	2974	
(CONTINU	J <b>ED</b> )			

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager A-MBR	MAMEYAN DANZO 11045 Loyote Court Middle burg, FL, 32065

#### **REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

JAMEYAN DONCO

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)

### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: MAMEYAN DONZO,	L. 2. C.	
(Name of Resulting Florida Lin	nited Company)	
The enclosed Articles of Conversion, Articles of Organiza Business Entity" into a "Florida Limited Liability Compar		
Please return all correspondence concerning this matter to:		
MAME JAN DONZO (Contact Person)	_	
MANIEYAN DONZO, 1.1.C. (Firm/Company)	_	
4045 Cogote Court	_	
Middle burg Fl 32068 (Giry State and Zip Code)	_	
E-mail Address: (to be used for future annual report notifications)	4	
For further information concerning this matter, please call:		
MAMEYAN DONZO at (347) (Name of Contact Person) (Area Code	(Daytime Telephone Number)	
Enclosed is a check for the following amount: (All checks dollars and drawn on a bank located in the United States)	processed by this office must be p	ayable in US
☐ \$150.00 Filing Fees ☐ \$155.00 Filing Fees ☐ \$180.00 Filing (\$25 for Conversion & \$125 for Articles Status ☐ \$180.00 Filing Fees and Certified Co		<u> </u>
of Organization)	· .	2024
Mailing Address:	Street Address:	•
New Filing Section Division of Corporations	New Filing Section Division of Corporations	č.
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 816	
	Tallahassee, FL 32303	ئىر. رىغ