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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (2000) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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T.S.H -7/19/24

COVER LETTER

| TO: New Filing Sec Division of Co | | | | |
|--|---|---------------------------------------|--------------------------|---|
| SUBJECT: WORCES | TER BAYSTATE REN | TALS LLC | | |
| 30B3EC1. | | ulting Florida Limit | ed Con | npany) |
| | | | | d fees are submitted to convert an "Other coordance with s. 605,1045, F.S. |
| Please return all corres | spondence concerning | g this matter to: | | |
| NEFTALI FELICIANO | | | | |
| (Contact Person) | | | • | |
| WORCESTER BAYSTA | TE RENTALS LLC | | | |
| | (Firm/Company) | | • | |
| 726 OSCEOLA AVE | | | | |
| | (Address) | | - | |
| LAKE WALES FLORIDA | A,33853 | | | |
| (Ci | ty, State and Zip Code) | | • | |
| NFELICIANO18@YAHO | OO.COM | | | |
| E-mail Address: (to be | used for future annual re | port notifications) | • | |
| For further information | n concerning this ma | tter, please call: | | |
| NEFTALI FELICIANO | | _at (<u></u> | 635-7 | 7063 |
| (Name of Contact | t Person) | (Area Code) | (Day | time Telephone Number) |
| Enclosed is a check fo dollars and drawn on a | | | rocess | sed by this office must be payable in US |
| (\$25 for Conversion | □\$155.00 Filing Fees and Certificate of Status | ☐\$180.00 Filing and Certified Cop | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | New I Divisi The C | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

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 Co WORCESTER BAYSTATE RENTALS LLC (Enter Name of Other Business Entity) | |
|---|-----------------------|
| · · · · · · · · · · · · · · · · · · · | |
| 2. The "Other Business Entity" is a | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or b | ousiness trust, etc.) |
| First organized, formed or incorporated under the laws of | |
| (Enter state, or if a non-U.S. entity, the name of t | the country) |
| on 11-10-2022 (date of organization, formation or incorporation) | |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of C | Organization: |
| WORCESTER BAYSTATE RENTALS LLC | - |
| WORCESTER BAYSTATE RENTALS 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 calend the date this document is filed by the Florida Department of State.) | dar days after |
| (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 calend | dar days after |

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 6-19-2024 day of | 20 |
|---|---|
| Signature of Authorized Representative of Lin | |
| Signature of Authorized Representative: Mell | Title: OWNER |
| Signature(s) on behalf of Other Rusiness Vacional | |
| Signature: All Telicings Entity: Printed Name: New York Felicings | > |
| THE THE CLEAN | D. Litte: VIVE (TOW |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title: |
| Signature | |
| Signature: Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer |
| If Directors or Officers have not been selected, an In | corporator must sign. |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| <u>If Fforida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| All others: Signature of an authorized person. | |
| <u>Fees:</u> | |
| Arrialma of Co. | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) |
| Section of Status. | \$5.00 (Optional) |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | |
|--|---|
| WORCESTER BAYSTATE RENTALS LLC (Must contain the words "Limited Liability | Company, "L.L.C.," or "LLC."} |
| ARTICLE H - Address: | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| NEFTALI FELICIANO 726 OSCEOLA AVE LAKE WALE FLORIDA,33853 | NEFTALI FELICIANO 726 OSCEOLA AVE LAKE WALE FORIDA, 33853 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot senie as its own Register business entity with an active Florida registration.) | |
| The name and the Florida street address of the re | |
| NEFTALI FELICIANO | • |
| Name | |
| 726 OSCEOLA AVE | |
| Florida street address (P.O.) | Box NOT acceptable) |
| LAKE WALES | FL 33853 |
| 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..

(CONTINUED)

ARTICLE IV-

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 | | | |
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| (Use attachment if necessary) | | | |
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| CLE V. Oth a manisional if and | | | |
| CLE V: Other provisions, if any. | | | |
| | | | |
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| | | | |
| REQUIRED SIGNATURE: | | | |
| Malh/ Teles | | | |
| Daily MI Section | | | |
| 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 docur as provided for in s.817.155, F.S. | ment to the Department of State constitutes a third degree felor | | |

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)