L24000336767

(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:
W24000C94709 08/06/24

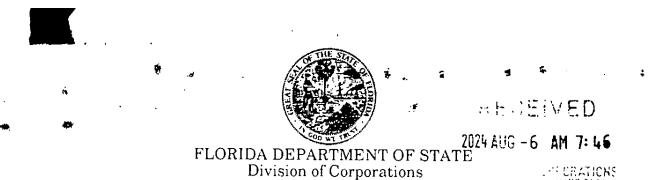
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July 12, 2024

DEAN L. DEVILLA 13542 SPLASHING ISLA DR WINTER GARDEN, FL 34787 US

SUBJECT: DEAN L. DEVILLA LLC Ref. Number: W24000094709

We have received your document for DEAN L. DEVILLA LLC and check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The signature and printed name on behalf of the "Other Business Entity" is missing from page 3 of the document.

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: 724A00013663

Monique K Anderson Regulatory Specialist II

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 Article DEAN L. DEVILLA LLC	s of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Single-member LLC	
(Enter entity type. Example: corporation, limited partnership, general partnership, common	law or business trust, etc.)
First organized, formed or incorporated under the laws of	name of the country)
09/01/2022 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Organization:
DEAN L. DEVILLA 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 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.	
 The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	2024 735 5
	. ς; . ς;

Signed this 6th day of June 2024	20
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: Dean L. deVilla	Title: owner
Signature(s) on behalf of Other Business Entity: [Signature: Aurit Divilla	
	•
Signature: Printed Name:	Title:
Signature:Printed Name:	
Signature:	Tisto
Printed Name:	
Signature: Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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 I - Name:		
The name of the Limited Liability Company	S:	
DEAN L. DEVILLA LLC		
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	-
ARTICLE Π - Address:		
The mailing address and street address of the	principal office of the Limited Liability (Company is:
?rincipal Office Address:	Mailing Address:	
13542 Splashing Isla Dr	13542 Splashing Isla Dr	
Winter Garden, FL 334787	Winter Garden, FL 34787	-
		-
The Limited Liability Company cannot serve as its own Requisitions business entity with an active Florida registration.) The name and the Florida street address of the Dean L. deVilla National Property Company Cannot Serve as its own Requisitions of the business entity with an active Florida registration.)	e registered agent are:	
13542 Splashing Isla Dr		
13542 Splashing Isla Dr. Florida street address (P.	O. Box NOT acceptable)	
Florida street address (P.	O. Box <u>NOT</u> acceptable) FL 34787 Zip	
Florida street address (P. Winter Garden City Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete	FL 34787 Zip I to accept service of process for the above in this certificate, I hereby accept the appoactiy. I further agree to comply with the pr	ointment as covisions of all liar with and

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" - Manager MGR	DEAN L. DEVILLA		
100,111	13542 Splashing Isla Dr.		
	Winter Garden, FL 34787		
	viiner dalidam, r 2 a man		
AMBR	LAURIE L. DEVILLA		
	13542 Splashing Isla Dr.		
	Winter Garden, FL 34787	-	
		·	
		 	
			
(Use attachment if necessary)		<u> 2-</u>	2024
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			ç. C.
ARTICLE V: Other provisions, if any.		_	1 C
ATTICLE V. Other provisions, it may.			••
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REQUIRED SIGNATURE:			14
	, 		
- 4/n1 / /C			

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.

DEAN L. DEVILLA

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)