L24000356899

(Requestor's Name)		
(Address)		
(Address)		
(City/State/2	Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business E	ntity Name)	
(Document	Number)	
Certified Copies C	ertificates of Status	
Special Instructions to Filing Of	fficer:	
W240000	5949 3/19/2024	

Office Use Only



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August 12, 2024

MARTA GORDOS 5755 GOLDEN EAGLE CIR PALM BEACH GARDENS, FL 33418 US

SUBJECT: 98 DELAFIELD LLC Ref. Number: W24000105949

We have received your document for 98 DELAFIELD 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):

The registered agent must sign accepting the designation.

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.

Monique K Anderson Regulatory Specialist II

Letter Number: 224A00016029

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.

98 DELAFIELD LLC	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
2. The "Other Business Entity" is a	law or business trust, etc
First organized, formed or incorporated under the laws of	
10/21/2020 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:
98 DELAFIELD 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.	
6. 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.	Il rights the amount to
	er -
	-
	5 9: 3(

Signed this	; <u>10</u> day of <u>J</u>	ULY	20 <u>_24</u>	
Signature	of Authorized Repr	resentative of Lin	nited Liability Company:	
Signature of Printed Nar	of Authorized Repres	entative: <u>M</u> -	Title: ORGANIZER	
Signature(s) on behalf of Other	Business Entity:	[See below for required signature(s))]
Signature:	M. Ga	\rightarrow	Title:ORGAN1ZER	
Printed Nar	ne:MART	4 GORDOS	Title: URGANIZER	
Signature:			Title:	
Printed Nai	ne:		Title:	
Signature:			Title:	
Signature: Printed Nat	ne:	 -	Title:	
Signature: Printed Nai	ne:		Title:	
Printed Na	ne:		Title:	
	Corporation: f Chairman, Vice Cha	airman, Director, o		
			ncorporator must sign.	
	General Partnership f one General Partner		lity Partnership:	
			Control of the second	
	of <u>ALL</u> General Partr		ity Limited Partnership:	
All others:				2 (2
	f an authorized persor	1,		7 12 12 12 12 12 12 12 12 12 12 12 12 12
Fees:				
	icles of Conversion:		\$25.00	-
	s for Florida Articles tified Copy:	of Organization:	\$125.00 \$30.00 (Optional)	9: 3U
	tificate of Status:		\$30.00 (Optional) \$5.00 (Optional)	Ē

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited L	iability Company	is:		
98 DELAFIELD LLC				
(Must contain)	the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and st	reet address of the	principal office of the Limite	d Liability Cc	ompany is:
Principal Office Address:		Mailing Address:		
5755 Golden Eagle Cir		5755 Golden Eagle Cir	<u></u>	
ARTICLE III - Registere (The Limited Liability Company ca- business entity with an active Flori	nnot serve as its own Re	red Office, & Registered Ago egistered Agent. You must designate an	e nt's Signatu individual or anod	re: her
The name and the Florida's	street address of th	ne registered agent are:		
MARTA	GORDOS			
	No	ame		
5755 G	olden Eagle Cir			
Florid	a street address (I	P.O. Box <u>NOT</u> acceptable)		
Palm 8e	each Gardens	FL 33418		
	City	Zip		
liability company at the registered agent and agro statutes relating to the p	he place designated se to act in this cap proper and comple	d to accept service of process for d in this certificate, I hereby acc pacity. I further agree to complete performance of my duties, an aregistered agent as provided for	cept the appoi ly with the pro nd I am familio	ntment as wisions of all ar with and
		· 1	; -	25.24
	137.	signature (REQUIRED)		7
Re	gistered Agent's/\$	Signature (REQUIRED)		i.
			•	
	(CONT	'INUED)	\ D	ب
				پي

ARTICLE IV-

And the second s

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

Name and Address:		
MARTA GORDOS		
5755 GOLDEN EAGLE CIR		
PALM BEACH GARDENS, FLORIDA, 33418		
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n authorized representative of a member		
with section 605.0203 (1) (b). Florida Statutes. I am aware tha		
ent to the Department of State constitutes a third degree felor		
ed or printed name of signee		
1		

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)