L24000400803

(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:





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09/11/24--01013--020 **155.00

-SEURLIARY OF STATE TALLAHASSEE, FLORIDA



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" immediated DNAL Properties, LLC.	y prior to the filing of the Articles of Conversion is:
(Enter Name of Other Busine	ess Entity)
2. The "Other Business Entity" is a Limited Liability Com	· · · · · · · · · · · · · · · · · · ·
	artnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	New York State of
2/9/2012 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:
DNAL Properties, LLC.	<u>.</u>
(Enter Name of Florida Limited Liabi	lity Company)
 If not effective on the date of filing, enter the effective (The effective date: Cannot be prior to date of receip the date this document is filed by the Florida Depart Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records. The plan of conversion has been approved in accordance. 	t or filed date nor more than 90 calendar days after tment of State.) e statutory filing requirements, this date will not be listed as the
•	
 The "Converted or Other Business Entity" has agreed to which such members are entitled under ss. 605.1006 ar 	

	ı			
Signed this 30 day of August	20 24 .			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Printed Name: Christopher Bergold	Title: Manager			
Signature(s) on behalf of Other Business Entity: [_		
Signature: Signature:	oce below for required signature (s)			
Printed Name: Christopher Bergold		-		
Signature:Printed Name:	Title:	-		
Signature:		_		
Printed Name:	Title:	_		
Signature:Printed Name:	_ Title:	- -		
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.	Officer. corporator must sign.			
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:			
All others: Signature of an authorized person.		SEU!	2024 :	
Fees:		AHAS!	2024 SEP 11	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	(Y OF STATE SEE, FLORIO	1 AM 1: 2:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Company is:		
DNAL Properties, LLC.		
(Must contain the words "Limited Liability	Company, "E.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
2939 Cinnamon Bay Circle	2939 Cinnamon Bay Circle Naples, FL 34119	
Naples, FL 34119	Naples, FC 34119	
(The Limited Liability Company cannot serve as its own Registrations) The name and the Florida street address of the re Christopher Bergold		
Name		
2939 Cinnamon Bay Circle		
Florida street address (P.O.	. Box NOT acceptable)	
Naples	FL ³⁴¹¹⁹	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as registered Agent's Signature (CONTINE)	this certificate, I hereby accepity. I further agree to comply we performance of my duties, and it gistered agent as provided for it mature (REQUIRED)	t the appointment as with the provisions of all I am familiar with and

ARTICLE IV-

Commence of the Commence of th

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	Christopher Bergold	
MOIC	2939 Cinnamon Bay Circle	
	Naples, FL 34119	
		
		
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(Use attachment if necessary)		
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CLE V: Other provisions, if any.	2024 SER SLUKL TALLAH	
	<u>m</u> -<	
	<u> </u>	
<u>required</u> signature:	STATE STATE	
	~) 25	

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.

Christopher Bergold

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)