6240042603 pc 10-9-24

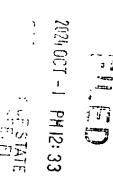
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

	lew Filing Se Division of Co				
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SUBJEC	T:	n Deems, LLC (Name of Res	ulting Florida Limi	ted Con	npany)
			_		nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please re	turn all corre	espondence concerning	g this matter to:		
BJ Cottre	·ll				
		(Contact Person)	-	_	
Cottrell T	ax & Associat	es, LLC			
		(Firm/Company)		_	
5633 Nap	oles Blvd				
<u> </u>		(Address)	-	-	
Naples, F	L 34109				
	((City, State and Zip Code)		-	
admin@d	cta.tax				
E-mail	Address: (to b	e used for future annual re	port notifications)	-	
For furth	er informatio	on concerning this ma	tter, please call:		
BJ Cottre	ell.		_at (449-	4881
	Name of Conta	et Person)) (Day	ytime Telephone Number)
		or the following amou a bank located in the	-	oroces:	sed by this office must be payable in US
	r Articles	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				New Divis 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 Conversion is: PVD-KCD INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FL (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
03/24/2024 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:
Philip Van Deems, 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 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 the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.



\$5.00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - No. The name of the	<mark>ame:</mark> Limited Liability Cor	mpany is:						
Philip Van Deems,				_				
(3	Must contain the words "Lin	nited Liability Company, "L.L.C.," or "LI	.C.")					
ARTICLE II - A The mailing addr		s of the principal office of the L	imited Liability (Dompany is:				
Principal Office	Address:	Mailing Address:						
2804 Del Prado Bl	vd. S #202	2804 Del Prado Blvd.	2804 Del Prado Blvd. S #202					
Cape Coral, FL 33904		Cape Coral FL 33904	Cape Coral FL 33904					
(The Limited Liability business entity with a	Company cannot serve as it a active Florida registration	Registered Office, & Registere ts own Registered Agent. You must design the control of the registered agent are:	iate an individual or an	other				
	Cottrell Tax & Asso	ciates, LLC		-¥ -0::				
		Name		CT.				
	5633 Naples Blvd		S . CYCESTATE					
	Florida street ado	dress (P.O. Box NOT acceptable	e) <u>ਜ਼ੀਨ</u>	ZHC				
	Naples	FL ³⁴¹⁰⁹		Ω Ω				
	Cit			ယ				

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

·

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

Title:	Name and Address:				
"AMBR" = Authorized Member					
"MGR" = Manager					
AMBR	Philip V Deems				
	2804 Del Prado Blvd S #202 Cape Coral, FL 33904 Kendell C Deems 2804 Del Prado Blvd S #202				
MGR					
	Cape Coral, FL 33904				
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	<u>2⊒ P</u>				
	S				
	PHIZ: 33				
(Use attachment if necessary)	· m · ω				
CLE V: Other provisions, if any.					
REQUIRED SIGNATURE:					
REQUIRED SIGNATURE.					
Srl					
					
Signature of a member of	an authorized representative of a member				
This document is executed in accordance	with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony				
Philip V Deems					
	nod or printed name of cianos				

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)