# L24000475488

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TALLAHASSEE, FLORID

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## **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.

OO DE VEEDI MEIVI	"Other Business Entity" immediately prior to the filing of the Articles of Conversion is: AUTHORITY LLC
W-F	(Enter Name of Other Business Entity)
	limited liability company
2. The "Other Busi	ness Entity <sup>15</sup> is a
(Enter en	
First organized, for	New Jersey med or incorporated under the laws of
10-8-2018	
on	n, formation or incorporation)
(date of organization	n, formation or incorporation)
3. The name of the	Florida Limited Liability Company as set forth in the attached Articles of Organization:
US DEVELOPMENT	AUTHORITY LLC
	(Enter Name of Florida Limited Liability Company)
4. If not effective o	n the date of filing, enter the effective date:
(The effective date	C 41 Suta data of marint an filed data non-more than 00 colondar days often
the date this docur	: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after nent is filed by the Florida Department of State.)
the date this docur Note: If the date inserte	
Note: If the date inserted document's effective date	ment is filed by the Florida Department of State.) ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 25th day of October	er 20 <u>24</u>	<u>.</u>	
Signature of Authorized Represen	tative of Limited Liability	<u>Company:</u>	
Signature of Authorized Representate Printed Name: Mark Lacy	ive: Title: Memb	er	
Signature(s) on behalf of Other Bus	iness Entity:  See below for	required signature(s)	
Signature: Printed Name: Mark Lacy	Title: Memb	er	
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman If Directors or Officers have not been	selected, an Incorporator mus	•	
If Florida General Partnership or L Signature of one General Partner.	imited Liability Partnership	<u>):</u>	
If Florida Limited Partnership or L Signatures of ALL General Partners.	imited Liability Limited Par		
All others: Signature of an authorized person.		TERRITOR SA	2024 NOV -6
<u>Fees:</u>			3-7
Articles of Conversion: Fees for Florida Articles of C Certified Copy: Certificate of Status:	\$25.00 Organization: \$125.00 \$30.00 (Option \$5.00 (Option \$5.00)	ional)	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company	is:				
US DEVELOPMENT AUTHORITY LLC					
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	<del></del>			
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limite	ed Liability Company is:			
Principal Office Address:	<b>Mailing Address:</b>	Mailing Address:			
9766 Gault St Orlando FL 32836	P.O. Box 3023 Windermer	re FL 34786			
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Ag egistered Agent. You must designate ar	ent's Signature: individual or another			
The name and the Florida street address of the	he registered agent are:				
Mark Lacy					
N:	ame				
9766 Gault St					
Florida street address (1	P.O. Box <u>NOT</u> acceptable)				
Orlando	32836 FL				
City	Zip				
	d in this certificate. Thereby ac pacity. I further agree to comp ete performance of my duties. c	ccept the appointment as ply with the provisions of all and I am familiar with and			

#### 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 AMBR	Mark Lacy		
	9766 Gault St Orlando FL 32836		
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(Use attachment if necessary)	) (	2024 NOV	
	miki) Vetas	Z	
GLEV: Other previous if any	<u> </u>	<b>V</b> 0	
CLE V: Other provisions, if any.	\$3.5 \$3.5	9-	
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	))))))) (1) (2)	<del>+.</del>	
REQUIRED SIGNATURE:	ÖÄ S	<del>2</del>	
/ 4	<u>~</u>		

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.

Mark Lacy

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)