L24000478895

(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.
W24000131291 11113124

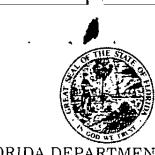
Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2024

DIEUMERSON THOMAS 700 EAST ATLANTIC BLVD UNIT 202 POMPANO BEACH, FL 33060 US

SUBJECT: REFUGE4BIZ LLC Ref. Number: W24000131291

We have received your document for REFUGE4BIZ LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for completion of the enclosed affidavit as well as the following correction(s).

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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 calls (850) 245-6052.

Monique K Anderson Regulatory Specialist II

TGGBD7

Letter Number: 324A00020973

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.

Refuge4	(Enter Name of Other Business Entity)
7 That	Other Business Entity" is a
Z. THE	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
.	Wyoming
First org	anized, formed or incorporated under the laws of
02 <i>1</i> 24	⁷ 2022
on	of organization, formation or incorporation)
3. The r	ame of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Refuge4	oiz LLC
	(Enter Name of Florida Limited Liability Company)
4. If not	effective on the date of filing, enter the effective date:
(The eff the date Note: If t	effective on the date of filing, enter the effective date: ective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after this document is filed by the Florida Department of State.) ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the s effective date on the Department of State's records.
(The eff the date Note: If t document	ective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after this document is filed by the Florida Department of State.) ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this September day of 02	20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Discur Printed Name: Dieumerson Thomas	rerson Thomas Title: Manager
Signature(s) on behalf of Other Business Entity:	
Signature: Disumerson Thomas	
Printed Name: Dieumerson Thomas	Title: Manager
Signature:Printed Name:	Title
Finited Name.	
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title
Printed Name:	
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	Officer.
If Directors or Officers have not been selected, an Inc	
remail of the annual factors	to Dontmarshim
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
Signature of one Ceneral Paranol.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Comment of Status.	word (optionar)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	ume: Limited Liability Company	is:	
Refuge4biz LLC			
(N	fust contain the words "Limited Liah	pility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		principal office of the Limited L	Liability Company is:
Principal Office	Address:	Mailing Address:	
700 E Atlantic Blvd	Unit 202	700 E Atlantic Blvd Unit 202	
Pompano Beach, F		Pompano Beach, FL 33060	<u> </u>
business entity with ar	n active Florida registration.) Florida street address of the Dieumerson Thomas Na 700 E Atlantic Blvd Unit 202	nme 2 P.O. Box <u>NOT</u> acceptable)	
	Pompano Beach, FL	FL 33060	
	City	Zip	
liability com registered agen statutes relativ	pany at the place designated t and agree to act in this caping to the proper and comple bligations of my position as	d to accept service of process for the in this certificate, I hereby accept acity. I further agree to comply we the performance of my duties, and it registered agent as provided for its account of the interest agent. The mas a light acture (REQUIRED)	of the appointment as with the provisions of all I am familiar with and In Chapter 605, F.S
	C C	INUED)	2024 NOV 13 AM

ARTICLE IV-

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

A NADDRI — A calco docad Naccobac	Name and Address:	
'AMBR" = Authorized Member		
'MGR" = Manager MGR	Dieumerson Thomas	
	330 Ross Dr, Delray Beach, FL 3344	45
		
		
		
		
		
	 	
		
Use attachment if necessary)		
Use attachment if necessary) LE V: Other provisions, if any.		
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		INTEL HA
LE V: Other provisions, if any.		7> -
LE V: Other provisions, if any. REQUIRED SIGNATURE:	Discharge Thalas	HASSEE TAY
LE V: Other provisions, if any. REQUIRED SIGNATURE:	Disumerson Thomas	SSEL FL
REQUIRED SIGNATURE: Signature of a member o	Transcription of a measurement to the Department of State constitutes a th	SSEC. 7 SSEC.
Signature of a member o This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S. Dieumerson Thomas	r an authorized representative of a medic with section 605.0203 (1) (b), Florida Statutes sument to the Department of State constitutes a th	SSEC. 7 SSEC.
Signature of a member o This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S. Dieumerson Thomas	r an authorized representative of a me	SSEC. 7 SSEC.