# -2400048538

(Requestor's Name)	
(Address)	
(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:	
11/7/1	
W24000096156	
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Office Use Only



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07/15/2024

Attention: Kain Costello
Reb number: W24000096156.

Please find attached the corrections made to the forms as instructed. Thank you for your assistance. Regards.

DKurft.

# **COVER LETTER**

	Filing Solid	ection orporations			
SUBJECT:		liffena (	Cares	240	<u></u>
		(Name of Res	sulting Florida Limit	ed Comp	any)
			•		fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return	all corr	espondence concernin	g this matter to:		
<u>Dessi</u> <u>Clif</u>	e-Ar fena	(Contact Person)  Cares  (Firm/Company)	Knight		
203	SE	(Address)  Lucie  City, State and Zip Code)	Terrace	-	
Port	<u>S+</u>	. Lucie /	Morida 3	4983	
		27 e g mail			
For further i	nformati	on concerning this ma	tter, please call:		
Detto (Nam	y e ne of Conta	Knight (ct Person)	at ( <u>772</u> (Area Code)	) 86 (Dayti:	re Telephone Number)
		or the following amou a bank located in the	•	rocesse	d by this office must be payable in US
\$150.00 Fil (\$25 for Conve & \$125 for Ar of Organizatio	ersion ticles	☐\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	ling Add Filing S				Address: ling Section
	_	orporations			on of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

# **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:  CLIFFENA CARES INCORPORATED.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)
on 03/07/2024  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CLIFFENA CARES 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.

Signed this 26th day of 17PRIL	20_24
Signature of Authorized Representative of Lim	nited Liability Company:
$\nearrow$	V cat
Signature of Authorized Representative: DR Printed Name: DERATE - ANN JONES - KNE	enigo
Printed Name: DEBSEE-ANN TONES - KNE	GHTTitle: AMBR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Deblaie - an Jones. Printed Name: DEBBIE ANN JONES-KNI	- Kushi
Printed Name: DEBBIE ANN JONE-KALL	611/Title: <u>HMBR</u>
Signatura	
Signature:Printed Name:	Title
Trined ivanic.	Title.
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Cimptury	
Signature:Printed Name:	Title
Timed Name.	1 H.C.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	r Officer.
If Directors or Officers have not been selected, an Ir	
If Florida General Partnership or Limited Liabil	lity Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabil	lity Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others	
All others: Signature of an authorized person.	
orginature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CLIFFENA	CARES	LLC		
(Must contain the	words "Limited Liability	Company "L1 C"	Cor MII C M	

### **ARTICLE II - Address:**

**Principal Office Address:** 

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:** 

203 SE Voltar Terrace	203 SE Voltair Terrace
Port St. Luce Florida 34983	Port St. Lucie Florida 34983
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	

The name and the Florida street address of the registered agent are:

Name

203 SE Voltan Terrace

Florida street address (P.O. Box NOT acceptable)

Port St. Lucie FL 34983

City Zip

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	Delation And James Knick
AMBR	Debbie-Ann Jones-Knigh 5937 NW Batchelor Terra PSL Florida 34986
	OCI Flord 3400
	FSC FIOMAR 34986
MGR	JANNET JANGALEE
	THE SUI COUTAGETON RD
	261 SW COVINGTON RD PSL FL 34953
	130 12 04 100
16-	***
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
1)011:-(1	nn Jones-Kright
sergine a	nn vones- Muyo
	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the

DEBSIE - ANN JONES - KNIGHT

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)

24 JUN 19 AM 10: 05 ELURE FARY OF STATE LLAHASSEE, FLORID,