# Pa300000a0361

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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W23000025504				

Office Use Only



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SECRETARY OF STATE

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February 23, 2023

REINA M NOVOA 1010 EUCALYPTUS DRIVE UNIT 2 HOLLYWOOD, FL 33021

SUBJECT: THE DREAM OF OUR LIFE REALTY CORP.

Ref. Number: W23000025504

We have received your document for THE DREAM OF OUR LIFE REALTY CORP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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 call (850) 245-6052.

Karen Lovelace Regulatory Specialist II

Letter Number: 223A00004413

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# **COVER LETTER**

TO:	New Filing Section Division of Corporations	
SUBJ	ECT: THE DREAM OF YOUR LIFE REALTY LLC	3
		Florida Profit Corporation
	nclosed Articles of Conversion. Articles of Incorpor into a "Florida Profit Corporation" in accordance w	ration, and fees are submitted to convert the following eligible with ss. 607.11933 & 607.0202, F.S.
Please	return all correspondence concerning this matter to	n;
RE	INA M NOVOA	
	Contact Person	
	Firm/Company	
10	10 EUCALYPTUS DRIVE UNIT 2	
	Address	
. H	OLLYWOOD FL 33021	
	City, State and Zip Code	
	einanovoa@hotmail.com E-mail address: (to be used for future annual report	notification)
For fu	irther information concerning this matter, please cal	1:
F	REINA M NOVOA at (305	992-1759
	Name of Contact Person	Area Code and Daytime Telephone Number
Enclo	sed is a check for the following amount:	
ॾ \$1	<u> </u>	75 Filing Fees
	Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address:  New Filing Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810 AV CSCE STATE  Tallahassee, FL 32303

### **Articles of Conversion**

For

# Converting Eligible Entity

Into

# Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following <u>eligible</u> <u>business entity into a Florida Profit Corporation</u> in accordance with ss. 607.11933 & 607.0202. Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
THE DREAM OF YOUR LIFE REALTY LLC
Enter Name of the Converting Entity
2. The converting entity is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws ofFLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on NOVEMBER 30, 2021
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> THE DREAM OF YOUR LIFE REALTY CORP
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: 01/01/2023
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
<b>Note:</b> 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.

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SECRETARY OF STATE

Signed this 02 day of FEBRUARY	. 20 23	
Required Signature for Florida Profit Corporation:		
Signature of Director, Officer, or, if Directors or Officer		
Printed Name: REINA M NOVOA Title: PRESID		
Required Signature(s) on behalf of Converting Floric companies: [See below for required signature(s).]		
Signature: Reina Novoa		-
Printed Name: REINA M NOVOA	_ Title: MANAGER	-
Signature:		_
Signature:	Title: MANAGER	_
Signature:		_
Printed Name:	Title:	
Signature:		_
Printed Name:	_ Title:	-
Signature:		<del>-</del>
Printed Name:		_
Signature:		_
Printed Name:	Title:	
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		202 5.51
All others: Signature of an authorized person.		TALLAS
Fees:  Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	13 AM IO: 29

### ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the corporation shall be: \_\_THE DREAM OF YOUR LIFE REALTY CORP ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different is: 1010 EUCALYPTUS DRIVE UNIT 2 HOLLYWOOD FL 33021 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TRANSACT ANY AND ALL LAWFUL BUSINESS ARTICLE IV SHARES The number of shares of stock is: \_\_\_1.000.00 ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: REINA NINOVOA PRESIDENT Name and Title: JESUS R LUNAR VICE-PRESIDENT 1010 EUCALYPTUS DRIVE UNIT 2 1010 EUCALYTUS DRIVE UNIT 2 Address: Address: HOLLYWOOD FL 33021 HOLLYWOOF FL 33021 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address:

ARTICLE		
The name :	and Florida street address (P.O. Box NOT acceptal	ole) of the registered agent is:
Name:	REINA M NOVOA	
Address:	1010 EUCALYPTUS DRIVE UNIT 2	
	HOLLYWOOD FL 33021	
*****	***********	******
Having bed this certific	en named as registered agent to accept service of pr vate, I am familiar with and accept the appointment	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
	Reina Nova	02/02/2023
	Required Signature/Registered Agent	Date