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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

FO: New Filing Section Division of Corporations
SUBJECT: Lake Bella SM Corp
Name of Resulting Florida Profit Corporation
The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.
Please return all correspondence concerning this matter to:
Paola Cardenas
Contact Person
Tax Care Orlando
Firm/Company
12701 S John Young Pkwy Ste 216
Address
Orlando, Florida, 32837
City, State and Zip Code
Taxcareorlando@aol.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Paola Cardenas at (321) 284-9341
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$105.00 Filing Fees □ \$113.75 Filing Fees □ \$113.75 Filing Fees □ \$122.50 Filing Fees, and Certificate of and Certified Copy Certified Copy, and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303The Centre of Tallahassee

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 eligible business entity into a Florida Profit Corporation 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:
Lake Bella SM 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 of State of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 02-11-2011
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>
Lake Bella SM 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: 06-01-2023
(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.) 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.

Signed this 12 day of July	20_23	
Required Signature for Florida Profit Corporation:		
Signature of Director, Officer, or, if Directors or Office		
Printed Name: Emilia Silva-Calandriello Title: Pres	sident	
Required Signature(s) on behalf of Gonverting Flor		nd limited liability
companies: [See below for required signature(s).] Signature:		
Signature: Y		
Printed Name: Emilia Silva-Calandriello	Title:	
Signature:		
Printed Name:	Title:	,
Signature:		,
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	,
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
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.		~2
All others: Signature of an authorized person.		23 NU.
Fees:	** • • • • • • • • • • • • • • • • • •	ς.
Articles of Conversion: Fees for Florida Articles of Incorporation:	\$35.00 \$70.00	. .
Certified Copy: Certificate of Status:	\$8.75 (Optional) \$8.75 (Optional)	9. 2

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II F	PRINCIPAL OFFICE			
	f business/mailing address is:			
Prii 7825 NW 107 A\	ncipal street address		Mailing address, if differen NW 107 AV	nt is:
Apt. 401		Apt. 401		
Doral, Florida, 33	3178	Doral, Florida, 33178		
ARTICLE III F The purpose for whi Any and all law	ch the corporation is organized is:			
		•	-	
		<u> </u>		
	HARES 100		<u> </u>	
he number of shares	s of stock is:100			
he number of shares	s of stock is:100 FFICERS AND/OR DIRECTORS			
he number of shares ARTICLE V OI Same and Title: Em	s of stock is:100 FFICERS AND/OR DIRECTORS nilia Silva-Calandriello - P		Miguel O Calandriel	lo - VP
he number of shares ARTICLE V OF Jame and Title: Em	s of stock is:100 FFICERS AND/OR DIRECTORS		Miguel O Calandriel 7825 NW 107 AV	lo - VP
he number of shares ARTICLE V OI Name and Title: Em Address: 783	s of stock is:100 FFICERS AND/OR DIRECTORS nilia Silva-Calandriello - P	Name and Title:		
he number of shares ARTICLE V OF Vame and Title: Em Address: 785	s of stock is:100 FFICERS AND/OR DIRECTORS nilia Silva-Calandriello - P 25 NW 107 AV, Apt. 401	Name and Title:	7825 NW 107 AV	78
ARTICLE V OF Name and Title: Em Address: Do Name and Title: Ma	FFICERS AND/OR DIRECTORS nilia Silva-Calandriello - P 25 NW 107 AV, Apt. 401 ral, Florida, 33178	Name and Title:	7825 NW 107 AV Doral, Florida, 3317	78
ARTICLE V OF Name and Title: Em Address: Do Name and Title: Ma Address: 78	FFICERS AND/OR DIRECTORS Inilia Silva-Calandriello - P 25 NW 107 AV, Apt. 401 Iral, Florida, 33178 Irai Silva Madrid - VP	Name and Title: Address: Name and Title: Address:	7825 NW 107 AV Doral, Florida, 3317	78
Name and Title: Mame and Title	FFICERS AND/OR DIRECTORS nilia Silva-Calandriello - P 25 NW 107 AV, Apt. 401 ral, Florida, 33178 aria Silva Madrid - VP	Name and Title: Address: Name and Title: Address:	7825 NW 107 AV Doral, Florida, 3317	78

Name:	Tax Care Orlando	
Address:	12701 S John Young Pkwy Ste 216	
	Orlando, Florida, 32837 US	

07-11-2023

Required Signature/Registered Agent Date