L24000323201

(Re	equestor's Name)			
(Address)				
(Address)				
(Ĉi	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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June 14, 2024

TINA M KUCERA 2471 GREENDALE PL CAPE CORAL, FL 33991 US

SUBJECT: TINA M KUCERA, LLC Ref. Number: W24000090544

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for 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.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

RECENED Letter Number: 724A00012997

IUL 9 2024

DIV OF CORP POB 6327 For FC 32314

COVER LETTER

TO: New Filing Section Division of Corporations		
•		
SUBJECT: Tina M. Kucera, LLC	sulting Florida Limited	Company)
(Name of Nes	ding Porto Limites	Company
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	_	n, and fees are submitted to convert an "Othe in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
Tina M. Kucera		
(Contact Person)		
Tina M. Kucera, LLC		
(Firm/Company)		
2471 Greendale Pi		
(Address)		
Cape Coral, FL, 33991		
(City, State and Zip Code)		
twometaxa@aol.com		
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	tter, please call:	
Tina M. Kucera	_at (239)	80-1520
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		cessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{align*}	☐\$180.00 Filing Fe and Certified Copy	Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D TI	extreet Address: ew Filing Section ivision of Corporations the Centre of Tallahassee 15 N. Monroe Street, Suite 810
Tallahassee, FL 32314	24	11. MOMOE SHEEL, SUITE OIV

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

(Little 17ame of Office D	usiness Entity)
2. The "Other Business Entity" is a	ted partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the la	
	(Enter state, or if a non-U.S. entity, the name of the country)
01/23/2019 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Comp	any as set forth in the attached Articles of Organization:
Tina M. Kucera, LLC	
(Enter Name of Florida Limited)	Liability Company)
4. If not effective on the date of filing, enter the effe (The effective date: Cannot be prior to date of re	06/01/2024 Cective date: ceipt or filed date nor more than 90 calendar days after partment of State.)

- 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 30 day of May	20/24			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative:				
Signature(s) on behalf of Other Business Entity:				
Signature: //// Signature: //// Signature: //// Signature: ///// Signature: ////// Signature: ////////////////////////////////////				
Printed Name: TINA M KUCERA	Title: PRESIDENT			
Signature				
Signature: Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:Printed Name:	m'd			
Printed Name:	liue:			
Signature:				
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.				
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
All others: Signature of an authorized person.				
Fees:				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	Limited Liability Company	is:	
Tina M. Kucera, Ll	LC		
Q	Must contain the words "Limited Lia	bility Company, "L.L.C.," or 'LLC.')	
ARTICLE II - A		e principal office of the Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
2471 Greendale Place Cape Coral, FL 33991		2471 Greendale Place Cape Coral, FL 33991	
(The Limited Liability business entity with a		red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:	
	Tina M. Kucera		
Name			
	2471 Greendale Place		
	Florida street address (P.O. Box NOT acceptable)		
	Cape Coral	FL 33991	
	City	Zip	
līability con	pany at the place designate	nd to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of	

ed 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: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Tina M. Kucera AMBR 2471 Greendale Place Cape Coral, FL 33991 (Use attachment if necessary) ARTICLE V: Other provisions, if any. REQUIRED SIGNATURE Lina M Xucew

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.

Tina M. Kucera

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)