# L2500005603 4635

(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:

Office Use Only



800441598488

12/30/24--01027--011 \*\*155.06





### COVER LETTER

TO: New Filing So Division of Co				
SUBJECT: Maizon E	Bleu LLC			
30141.01.	(Name of Res	ulting Florida Limit	ed Com	pany)
				d fees are submitted to convert an "Othe ecordance with s. 605.1045. F.S.
Please return all corre	spondence concernin	g this matter to:		
Burt W Engelberg				
	(Contact Person)			
Engelberg & Smith				
	(Firm/Company)	, .		
20 N Clark St. Ste 3000	)			
	(Address)			
Chicago, IL 60602				
	City, State and Zip Code)	<del> </del>		
bengelberg@sbcglobal				
E-mail Address: (to be	e used for future annual re	port notifications)		
Dan Cantle on in Course of				
	on concerning this ma	,		
Burt W Engelberg		_at ( <u>312</u>	)	236
(Name of Contac	rt Person)	(Area Code)	(Dayı	time Telephone Number)
	or the following amou a bank located in the		rocess	ed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□S180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
<u>Mailing Addr</u> New Filing Sc	ection		New I	Address: Filing Section
Division of Co				on of Corporations
P.O. Box 6321	/		The C	entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### 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.

<ol> <li>The name of the "Other Business Entity" immediately prior to the filing of t Maizon Bleu LLC</li> </ol>	he Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type: Example: corporation, limited partnership, general partnersh	ip, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Enter state, or if a non-U.S.	entity, the name of the country)
June 20, 2012	
(date of organization, formation or incorporation)	C 30
3. The name of the Florida Limited Liability Company as set forth in the attac	hed Articles of Organization:
Maizon Bleu LLC	8
(Enter Name of Florida Limited Liability Company)	28
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	re 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 requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F	- 1.

Signed this 13 day of December	20 24			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: ** A Printed Name: Marni Zenkewicz	Title: Manager			
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]			
Signature: Marni Zenkewicz	Title: Manager			
Signature:Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature				
Signature:Printed Name:	Title:			
Signature: Printed Name:	Title:			
Signature: Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
All others: Signature of an authorized person.				
<u>[ˈcesː</u>				
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 - Name:			
The name of the Limited Liability Compan	y is:		
Maizon Bleu LLC			
(Must contain the words "Limited Li	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the	ne principal office of the Limited I	Liability Compa	any is:
Principal Office Address:	Mailing Address:		
560 Gunwale Lane	560 Gunwale Lane		
Longboat Key, FL 34228	Longboat Key, FL 34228		
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent Registered Agent. You must designate an ind	t's Signature: lividual or another	2074 DEC 30
The name and the Florida street address of	the registered agent are:		
Trent Zenkewicz		71. 210.	Ail 8: 28
1	Name	PAE	28
560 Gunwale Lane			
Florida street address	(P.O. Box <u>NOT</u> acceptable)		
Longboat Key	FI, 34228		
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)

A	12"	ı, ı	C	1	2	I۷۰
∕1	IX.		· •			

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

Title: "AMBR" - Authorized Member	Name and Address:
"MGR" = Manager MGR	Trent Zenkewicz 560 Gunwale Lane Longboat Key, FL 34228
MGR	Marni Zenkewicz 560 Gunwale Lane Longboat Key, FL 34228
<del></del>	2022
	- 100 AH
(Use attachment if necessary)	8: 28 F. H.
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member on	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that
any lalse information submitted in a docu as provided for in s.817,155, F.S.	ament to the Department of State constitutes a third degree felony
Trent Zenkewicz	
Ту	yped 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)