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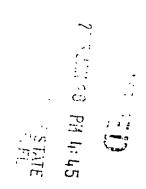
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-

Office Use Only



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# **COVER LETTER**

<b>TO:</b> New Filing S Division of C				
	•			
SOBJECT.	ND VENTURES LLC (Name of Re-	sulting Florida Limi	ited Con	npany)
		~		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
AURELIO LICATA				
	(Contact Person)		_	
AVL LAND VENTURE	SLLC			
	(FirnvCompany)			
452 NE 31st St #910				
	(Address)	<u> </u>	_	
MIAMI, FL 33137				
(1	City, State and Zip Code)		_	
WFTAXES.OFFICE@	GMAIL.COM			
E-mail Address: (to b	e used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call:		
AURELIO LICATA		at ( <sup>732</sup>	977-	3128
(Name of Conti	iet Person)	(Area Code	) (Day	3128 time Telephone Number)
	or the following amou a bank located in the		process	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 632	ection orporations 7		New I Divisi The C	Address: Filing Section on of Corporations fentre of Tallahassee
Tallahassee, I	*L 32314		2415	N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

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.

<ol> <li>The name of the "Other Business Entity" immediately prior to the filing of the Article AVL LAND VENTURES LLC</li> </ol>	s of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	
(Enter entity type. Example: corporation, limited partnership, general partnership, commor	
First organized, formed or incorporated under the laws of	2625
(Enter state, or if a non-U.S. entity, the	name of the country)
07/17/2024 on	183 C0
(date of organization, formation or incorporation)	70
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	eles of Organization:
AVL LAND VENTURES LLC	LE to
(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 the date this document is filed by the Florida Department of State.)  Note: It the date inserted in this block does not meet the applicable statutory filing requirements, this date 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 08	day of JANUARY	20_ <b>25</b>
Signature of A	uthorized Representative of Lin	nited Liability Company:
Signature of Au Printed Name: Al	thorized Representative: Aur	relio Licata Title: Authorized Representative
		[See below for required signature(s)]
Signature: A	urelio Licata	
Printed Name: Al	URELIO LICATA	Title: Authorized Representative
Signature		
Printed Name:_		Title:
Printed Name:		Title:
Signature		
Printed Name:		Title:
Printed Name:		Title:
Signature: Printed Name:		Title:
If Florida Corposition Signature of Cha	<u>oration:</u> iirman, Vice Chairman, Director, o	· Officer
	fficers have not been selected, an I	
If Florida Gene	ral Partnership or Limited Liabi	lity Partnershin:
	General Partner,	
	ted Partnership or Limited Liabil LL General Partners.	ity Limited Partnership:
All others: Signature of an a	nuthorized person.	
Fees:		
Articles	of Conversion:	\$25.00
Fees for	Florida Articles of Organization:	\$125.00
Certified Certifiea	l Copy: ite of Status:	\$30.00 (Optional) \$5.00 (Optional)
~~		warro (opionar)

51-11 Hd 82 HHT 8602

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AVL LAND VENTU	IDES II C		
		bility Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - A	Address:		
The mailing addr	ess and street address of the	principal office of the Limited	Liability Company i
Principal Office	Address:	Mailing Address:	
452 NE 31st St #9	10	452 NE 31st St #910	
Miami, FL 33137		Miami, FL 33137	
		red Office, & Registered Ager	
The Limited Liability business entity with a		red Office, & Registered Ager egistered Agent. You must designate an in	dividual or another to
The Limited Liability business entity with a	Company cannot serve as its own Renactive Florida registration.)  Florida street address of the AURELIO LICATA	red Office, & Registered Ager egistered Agent. You must designate an in ne registered agent are:	dividual or another A
The Limited Liability business entity with a	Company cannot serve as its own Renactive Florida registration.)  Florida street address of the AURELIO LICATA	red Office, & Registered Ager egistered Agent. You must designate an in	dividual or another A
The Limited Liability business entity with a	Company cannot serve as its own Renactive Florida registration.)  Florida street address of the AURELIO LICATA	red Office, & Registered Ager egistered Agent. You must designate an in ne registered agent are:	dividual or another A
(The Limited Liability business entity with a	Company cannot serve as its own Ren active Florida registration.)  E Florida street address of the AURELIO LICATA  No. 452 NE 31st St #910	red Office, & Registered Ager egistered Agent. You must designate an in ne registered agent are:	dividual or another to
(The Limited Liability business entity with a	Company cannot serve as its own Ren active Florida registration.)  E Florida street address of the AURELIO LICATA  No. 452 NE 31st St #910	red Office, & Registered Ager egistered Agent. You must designate an in ne registered agent are:	dividual or another A

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..

Aurelio Licata

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	AURELIO LICATA
AMON	452 NE 31st St #910
	Miami, FL 33137
<del></del>	
	· ·
(Use attachment if necessary)	
	· · · · · · · · · · · · · · · · · · ·
CLE V: Other provisions, if any.	
	, we
	#5
REQUIRED SIGNATURE:	
Aurelio Licata	
πατειίο Δισαία	

**AURELIO LICATA** 

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)

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH CHARTER DOCUMENTS

#### AVL LAND VENTURES LLC 0451153781

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 17, 2024.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

AURELIO LICATA 67 HARBOR GREEN CIRCLE RED BANK, NJ 07701

I further certify that as of the date of this certificate, no amendments have been filed.

CREAT SEAT OF THE CASE OF THE STATE OF THE SEAT WALLS AND THE SEAT OF THE SEAT

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of September, 2024

Elizabeth Maher Muoio State Treasurer

duk A Mun

Certificate Number , 6156950957

Verify this certificate online at

https://www.l.state.nj.us/TYTR\_StandingCertiJSP/Verity\_Cert.jsp