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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	
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01/10/25--01017--018 **150.00



January 15, 2025

JEFFREY L. SAUEY 1721 SE 16TH AVENUE, SUITE 101 OCALA, FL 34471 US

SUBJECT: SOL FIELD LLC Ref. Number: W25000006967

We have received your document for SOL FIELD LLC and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

Matthew H Hitchcock Regulatory Specialist II

Letter Number: 125A00001089

COVER LETTER

Division of Corporations			
SUBJECT: SOL FIELD LLC			
(Name of Resulti	ing Florida Limi	ed Company)	
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited Liab Please return all correspondence concerning the state of the concerning the concerning the state of the concerning th	ility Company	on, and fees are submitted to convert an in accordance with s. 605.1045, F.S.	"Other
Thouse retain an correspondence concerning a	ms matter to.		
Jeffrey L. Sauey			
(Contact Person)	· · · · · · · · · · · · · · · · · · ·		
Jeffrey L. Sauey, P.A.			
(Firm/Company)			
1721 SE 16th Avenue, Suite 101			
(Address)			
Ocala, Florida 34471			
(City, State and Zip Code)	-		
jsauey@saueylaw.com			
E-mail Address: (to be used for future annual report	t notifications)		
For further information concerning this matter	, please call:		
Lana Deng	t (<u>626</u>	,226-6831	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount: dollars and drawn on a bank located in the Un		rocessed by this office must be payable	in US
	3\$ 180.00 Filing nd Certified Cop		
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 Tallahassee, FL 32303	25 JAN IO PH

INHS11 (7/17)

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: SOL FIELD CORP.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, 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)
08/08/2024 on
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: SOL FIELD LLC
(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 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 requirements, this date will not be listed as the 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 30 day of Dec.	20 24
Signature of Authorized Representative of Limit	ted Liability Company;
Signature of Authorized Representative: Printed Name: LANA DENG	Title: MANAGER
Signature(s) on behalf of Other Business Entity;	See below for required signature(s)]
Signature:	
Printed Name: LANA/DENG	_ Title: PRESIDENT
Signature:	
Signature:Printed Name:	Title:
	,
Signature:Printed Name:	Tial
Printed Name:	_ 11ue:
Signature:	
Signature:Printed Name:	_ Title:
Signature: Printed Name:	Title
rimed Name.	
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
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 - Name: The name of the Limited Liability Compar	ny is:
SOL FIELD LLC	
(Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13445 SE 15th Lane	13445 SE 15th Lane
Weirsdale, FL 32195	Weirsdale, FL 32195
The name and the Florida street address of LANA DENG	f the registered agent are: Name
13445 SE 15th Lane	
	(P.O. Box NOT acceptable)
Weirsdale	FL 32195
City	Zip
liability company at the place designaregistered agent and agree to act in this constatutes relating to the proper and compaccept the obligations of my position accept the Registered Agent's	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S S Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	LANA DENO
MGR	LANA DENG
	13445 SE 15th Lane
	Weirsdale, FL 32195
	
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(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.153. F.S.	nce with section 605.0203 (1) (b), Florida Statutes, I am aware that
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.153. F.S. LANA DENG	nce with section 605.0203 (1) (b), Florida Statutes. I am aware that ocument to the Department of State constitutes a third degree felon
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