# L25000068344

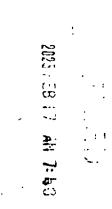
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: W2400030172 2117/25





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01/23/24--01025--015 \*\*155.00







February 22, 2024

MARIA FERNANDEZ 1317 EDGEWATER DR #6729 ORLANDO, FL 32804 US

SUBJECT: BELLA IMPROVEMENTS LLC

Ref. Number: W24000030172

We have received your document for BELLA IMPROVEMENTS LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the entity must be identical throughout the document.

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.

Monique K Anderson Regulatory Specialist II

2002

Letter Number: 624A00003982

### 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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
New Jersey	
First organized, formed or incorporated under the laws of(Enter state, or if a non-U.	S. entity, the name of the country)
02/18/2021	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the atta	iched Articles of Organization:
Bella Improvements LLC	
(Enter Name of Florida Limited Liability Company)	
2/17/25	
4. If not offertive on the data of filing, enter the effective date:	
4. If not effective on the date of filing, enter the effective date:	ore than 90 calendar days after
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 m the date this document is filed by the Florida Department of State.)	
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 m 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 requirem	
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 m 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 requirem document's effective date on the Department of State's records.	ents, this date will not be listed as the
<ol> <li>If not effective on the date of filing, enter the effective date:</li></ol>	ents, this date will not be listed as the estatutes.
<ol> <li>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 m 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 requirem document's effective date on the Department of State's records.     </li> <li>The plan of conversion has been approved in accordance with all applicable.</li> </ol>	ents, this date will not be listed as the e statutes.  Ving appraisal rights the amount to F.S.
<ol> <li>If not effective on the date of filing, enter the effective date:</li></ol>	ents, this date will not be listed as the estatutes.  Ving appraisal rights the amount to F.S.
<ol> <li>If not effective on the date of filing, enter the effective date:</li></ol>	ents, this date will not be listed as the e statutes.  Fing appraisal rights the amount to F.S.
<ol> <li>If not effective on the date of filing, enter the effective date:</li></ol>	ents, this date will not be listed as the e statutes.  Ving appraisal rights the amount to F.S.

:	•		
Signed t	his 28 day of December	_ 20 <u>23</u>	
Signatu	re of Authorized Representative of Limi	ted Liability Company:	
Signatur Printed N	e of Authorized Representative: Mari	a. Jernandez Title: CEO	_
	re(s) on behalf of Other Business Entity:	-	
Signature	c: <u>Maria Fernandez</u> Name: Maria Fernandez	050	_
Printed N	Name: Maria Fernandez 0	Title: CEO	_
Signature	e:		
Printed N	e: Name:	Title:	_
Signature Printed N	e: Name:	Title	_
r mico i	vanie		_
Signature	e:		_
Printed N	e:Name:	_ Title:	_
Signatur	p.		
Printed N	e: Name:	_ Title:	_
			_
	c:		
Printed r	Name:	Title:	_
If Florid	la Corporation:		
	e of Chairman, Vice Chairman, Director, or 6		
If Direct	ors or Officers have not been selected, an Inc	corporator must sign.	
	la General Partnership or Limited Liabilit c of one General Partner.	ty Partnership:	
	la <u>Limited Partnership or Limited Liabilit</u> es of <u>ALL</u> General Partners.	y Limited Partnership:	
All other Signature	rs: e of an authorized person.		2025
Fees:			[B 17
,	Articles of Conversion:	\$25.00	: 四· 記·
	Fees for Florida Articles of Organization:	\$125.00 \$125.00	<b>三</b>
	Certified Copy:	\$30.00 (Optional)	 ਫ਼ਾ ⊚
	Certificate of Status:	\$5.00 (Optional)	<b>▶</b> ⊙

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bella Improveme	nts LLC		
	(Must contain the words "Limited Li-	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		ne principal office of the Limited Liab	oility Company is:
Principal Offic	e Address:	Mailing Address:	
3155 S John You	ing Parkway	3155 S John Young Parkway	
Orlando, FL 3280		Orlando, FL 32805	·····
The name and the	he Florida street address of t  Maria Fernandez  N  3155 S John Young Park	Vame	2025
		(P.O. Box NOT acceptable)	d :
		(P.O. Box <u>NOT</u> acceptable) FL 32805	7
	Florida street address (		7 AH 7: 55

(CONTINUED)

#### 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		
AMBR	Maria Fernandez	
	3155 S John Young Parkway	
	Orlando, FL 32805	
AMBR	Jandl Scott	
AWDIX	3155 S John Young Parkway	
	Orlando, FL 32805	
AMBR	Isabella Brown	
7476	3155 S John Young Parkway	
	Orlando, FL 32805	
	<del></del>	
(Use attachment if necessary)		
(Ose minem is necessary)		
CLE V: Other provisions, if any.		
CEST 1. Other provisions, it may		
	<u></u>	

## **REQUIRED SIGNATURE:**

Maria Camila Fernandez

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.

Maria Fernandez

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)