(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:
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Office Use Only

200404400732



April 5, 2023

ASMINA SYMONYAN 401 NE 3RD ST APT 2-103 HALLANDALE BEACH, FL 33009 US

SUBJECT: VEAMA LLC Ref. Number: W23000045958

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):

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.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 623A00007702

4/13 filed ar

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: VEAMALLC				
(Name of Res	sulting Florida Limi	ted Com	pany)	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li				
Please return all correspondence concernin	g this matter to:			
Asmina Symonyan				
(Contact Person)		-		
(Firm/Company)		-		
401 NE 3rd Street APT 2-103		_		
(Address)				
Hallandale Beach, FL 33009		_		
(City, State and Zip Code)				
veama@protonmail.com		_		
E-mail Address: (to be used for future annual re	port notifications)			
For further information concerning this ma	tter, please call:			
Asmina Symonyan	_at (+1 954	, 795	7303	
(Name of Contact Person)) (Dayı	ime Telephone Number)	
Enclosed is a check for the following amou dollars and drawn on a bank located in the		rocess	ed by this office must be pa	yable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\int \frac{1}{2} \frac\	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New F Division The Co 2415 N	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	2023 APR 14 3553 APR 14 5653 APR 14

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 Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Wyoming
(Enter state, or if a non-U.S. entity, the name of the country)
on 03/24/2021
(date of organization, formation or incorporation)
VEAMALLC (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.
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.

Signed this 4th day of February	_ 20_ <i>23</i>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Asmina Symonyan	Title: AMBR
Signature(s) on behalf of Other Business Entity:	
Signature:Printed Name: Asmina Symonyan	Title: AMBR
· ·	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	·
Printed Name:	Title:
If Florida Corporation:	062
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	tv Partnershin:
Signature of one General Partner.	ty rainersmp.
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty 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

The name of the Limited Liability Company is:	
VEAMALLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")	_

ARTICLE II - Address:

Principal Office Address:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

7901 4th St N STE 6533	7901 4th St N STE6533
St. Petersburg FL 33702	St. Pelenburg FL 33702
7901 4th St N STE 300, St. Petersburg, FL 33702	7901 4th St N STE 300, St. Petersburg, FL 33702

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Northwest Registered Agent LLC		
Name		
7901 4th St N STE300	_	
Florida street address (P.	O. Box NOT acceptable)	
St. Petersburg	_{FL} FL 33702	
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)

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		
Manager		
Manager		
		
Member	Acrica Ourona	
Member	Asmina Symonyan	
	7901 4th St N STE6533	
	St. Petersburg, FL 33702	
Member	Yurii Mykhallovskyi	
	7901 4th St N STE6533	
	St. Petersburg, FL 33702	
(Use attachment if necessary)		
ICLE V: Other provisions, if any.		
REQUIRED SIGNATURE:		
AB/		
<i>y</i>		
Signature of a member or a	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.

Asmina Symonyan

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)?