

P21000084393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

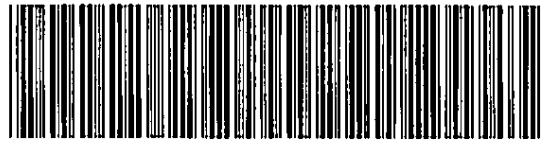
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 28 2021 11 06 13

*filed 9/7/21*

D O'KEEFE  
SEP 28 2021

W21-116962



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2021

TAKHIR ZEINALOV  
VORON INC  
1915 GRANT ST  
HOLLYWOOD, FL 33020

SUBJECT: VORON INC  
Ref. Number: W21000116962

We have received your document for VORON INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 121A00020489

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2021 -7 PM 12:30

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** VORON INC

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

TAKHIR ZEINALOV

Contact Person

VORON INC

Firm/Company

1915 GRANT ST

Address

HOLLYWOOD, FL 33020

City, State and Zip Code

tair.zei39@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Inna Thompson

at ( 407 ) 600-2235

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees     \$113.75 Filing Fees and Certificate of Status     \$113.75 Filing Fees and Certified Copy     \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**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

**Articles of Conversion**  
For  
**Converting Eligible Entity**  
Into  
**Florida Profit Corporation**

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

VORON, INC

Enter Name of the Converting Entity

2. The converting entity is a PROFIT CORPORATION  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of TEXAS  
(Enter state, or if a non-U.S. entity, the name of the country)

on 08/04/2018  
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

VORON INC

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: 07/06/2021  
(The effective date: **Cannot be prior to nor more than 90 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.

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Signed this 06 day of JULY, 2021.

**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

*3/11*

Printed Name: TAKHIR ZEINALOV Title: President

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies:** [See below for required signature(s).]

Signature: \_\_\_\_\_ X

Printed Name: TAKHIR ZEINALOV X Title: President X

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

X AP

Signature of an authorized person.

*3/11*

**Fees:**

- Articles of Conversion: \$35.00
- Fees for Florida Articles of Incorporation: \$70.00
- Certified Copy: \$8.75 (Optional)
- Certificate of Status: \$8.75 (Optional)

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**ARTICLES OF INCORPORATION  
FOR RESULTING FLORIDA PROFIT CORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

**ARTICLE I NAME** VORON INC

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

1915 Grant St

Hollywood, FL 33020

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Transportation

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Takhir Zeinalov/ President

Name and Title: \_\_\_\_\_

Address: 1915 Grant St  
Hollywood, FL 33020

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

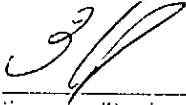
Name: Takhir Zeinalov

Address: 1915 Grant St

Hollywood, FL 33020

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Required Signature/Registered Agent

07/06/2021

Date

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