# L23000323013

	(Requestor's Name)
	(Address)
	(Address)
<del></del> -	(Ĉity/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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## **WALK IN**

		PICK U	P:Cat 7/10
_		CERTIFIED COPY	
2	XX	PHOTOCOPY CUS	
2	XX	FILING	CONVERSION
1.		BILDUK LLC (CORPORATE NAME AND DOCUMENT	TT #)
2.		(CORPORATE NAME AND DOCUMEN	IT #)
3.		(CORPORATE NAME AND DOCUMENT	IT#)
4.		(CORPORATE NAME AND DOCUMEN	/T #)
5.		(CORPORATE NAME AND DOCUMEN	IT #)
6.		(CORPORATE NAME AND DOCUMEN	FT #)
SPE( INST			

#### **Articles of Conversion**

For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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: Bilduk LLC
(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.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
02/02/2022
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:
Bilduk 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.)
<u>Note:</u> 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 thi	S 7th	day of July		20_23	
Signature	of Authori	zed Representative	of Limite	d Liability Company:	
Cianana	of Authorize	nd Domingontations.	/s/ Aliaksei E	lildziuk	
Printed No	or Aumorize me: Aliaksei I	:a Representative: Bildziuk		Title: Member	
<u>Signature</u>	(s) on behalf	of Other Business I	Entity:  S	ee below for required sigi	nature(s)]
Cianatura	/s/ Aliaksei	Bildziuk			
Printed Na	me: Aliaksei I	Bildziuk		Title: Member	
Signature:				m. I	
Printed Na	ıme:			Title:	
Signature					
Printed Na	ime:			Title:	
Signature:				Title:	
Printed Na	nme:			Title:	<del></del>
Signature:					
Printed Na	ime:			Title:	
Signature:				Title:	<del>-</del>
Printed Na	ime:	<del></del> -		Title:	_
If Florida	Corporatio	n:			
		Vice Chairman, Dire	ector, or O	fficer.	
If Director	rs or Officers	have not been selecte	ed, an Inco	rporator must sign.	
re 131 - 4 1	C ID	,	111111	m A Lt	
	of one Gener	<mark>rtnership or Limited</mark> al Partner	d Liability	Partnership:	
Signature	or one ocher	at ratther.			
If Florida	Limited Pa	rtnership or Limited	d Liability	Limited Partnership:	
Signatures	of <u>ALL</u> Ger	neral Partners.			
All others					
All others Signature	<u>s:</u> of an authori	zed person.			
D.5	or <b>un</b> uu	Permann			
Fees:					
Α.	rticles of Co	warrion:		\$25.00	
		iversion: la Articles of Organi:	zation	\$25.00 \$125.00	
	ertified Copy		zautii.	\$30.00 (Optional)	
	ertificate of S			\$5.00 (Optional)	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLELA		
ARTICLE I - Name: The name of the Limited Liability Company is	s:	
Bilduk LLC		
(Must contain the words "Limited Liabi	hty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
51 Sappfier Lane	51 Sappfier Lane	
St. Augustine, FL 32092	St. Augustine, FL 32092	
<del></del>		<u> </u>
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers entity with an active Florida registration.)  The name and the Florida street address of the	istered Agent. You must designate an ind	
Aliaksei Bildziuk		
Nar	ne	
51 Sappfier Lane		
Florida street address (P.	O. Box NOT acceptable)	
St. Augustine	FL 32092	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	in this certificate, I hereby accepacity. I further agree to comply e performance of my duties, and	pt the appointment as with the provisions of all I am familiar with and
/s/ Aliaksei Bildziuk		
Registered Agent's Si	gnature (REQUIRED)	2023
		-
(CONTI	NUED)	·

ARTICLE IV-

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

TAATIND A.A. 1 LAG 1	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager AMBR	Aliaksei Bildziuk
	51 Sapptier Lane
	St. Augustine, FL 32092
<del></del>	
	<u> </u>
<del></del>	
Use attachment if necessary)	
LE V: Other provisions, if any.	
•	
LE V: Other provisions, if any. tive date of filing is 08/01/2023.	
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ive date of filing is 08/01/2023.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  /s/ Aliaksei Bildziuk	
REQUIRED SIGNATURE:  /s/ Aliaksei Bildziuk  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  /s/ Aliaksei Bildziuk  Signature of a member or This document is executed in accordance any false information submitted in a docu	with section 605.0203 (1) (b), Florida Statutes. I am award
REQUIRED SIGNATURE:  /s/ Aliaksei Bildziuk  Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE:  /s/ Aliaksei Bildziuk  Signature of a member or  This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE:  /s/ Aliaksei Bildziuk  Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.  Aliaksei Bildziuk, Member	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree for printed name of signee