615000172882

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TALLAHASSEE, FLORIDA

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COVER LETTER

	ion Section of Corporations		
SUBJECT: SOF	BE SIGNATURE LLC		
		of Resulting Florida Limit	ed Company)
			nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all	correspondence concerni	ng this matter to:	
MURAT NALCIO	GLU		
	(Contact Person)		
SOBE SIGNATUR	E LLC		
	(Firm/Company)		
7601 E TREASUR	E DR APT#2002		
,	(Address)		
NORTH BAY VIL	LAGE, FL 33141		
	(City, State and Zip Code)		
MNALCIOGLU@	OLYMPOSGLOBAL.COM		
E-mail Address:	(to be used for future annual r	eport notifications)	
For further infor	mation concerning this ma	atter, please call:	
MURAT NALCIO	GLU	at (⁷⁸⁶) ³⁹⁵⁶	4492
(Name of	Contact Person)	(Area Code) (Da	ytime Telephone Number)
Enclosed is a che	eck for the following amo	unt:	
\$150.00 Filing F (\$25 for Conversion & \$125 for Articles of Organization)		□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDI		MAILING	
Registration Security Division of Corp		Registration	Section Corporations
Clifton Building		P. O. Box 6.	
2661 Executive		Tallahassee,	

INHS11 (06/15)

Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

TALLAHASSEE FEOT

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.695.1045, Florida

St	atutes.
	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: DBE SIGNATURE INC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a SOBE SIGNATURE LLC.
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of FLORIDA
on	09/23/2015 (Enter state, or if a non-U.S. entity, the name of the country)
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SC	DBE SIGNATURE LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(T da da <u>No</u>	The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the late this document is filed by the Florida Department of State; AND 2) must be the same as the effective late listed in the attached Articles of Organization, if an effective date is listed therein.) ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 10/01/2015 day of OCTOBER	_ 20_15			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: MUS Printed Name: MURAT NALCIOGLU	Rat Walciogle Title: AMBR			
Signature(s) on behalf of Other Business Entity: [
Signature: KUCUK MUTLUHAN				
Printed Name: KUCUK MUTLUHAN	_ Title: AMBR			
Signature:Printed Name:	Title:			
Signature:				
Signature: Printed Name:				
Signature: Printed Name:				

Signature:Printed Name:	Title:		15	Procedure a residual
Signature:		7.20	907	Tarres and
Printed Name:	Title:	1883 1883	9-	i i i i i i i i i i i i i i i i i i i
If Florida Corporation:		E. FLOND		¥ 1 1
Signature of Chairman, Vice Chairman, Director, or C		NO.3	ի։ ոց	
If Directors or Officers have not been selected, an Inc	orporator must sign.		9	
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:				

Page 2 of 2

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
SOBE SIGNATURE LLC		
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC."))
ARTICLE II - Address:		
The mailing address and street address of the principle.	ncipal office of the Limit	ed Liability Company is:
F		The Line in the company is
Principal Office Address:	Mailing Address:	
7601 E TREASURE DR APT#2002	7601 E TREASURE DR AP	PT#2002
NORTH BAY VILLAGE,FL33141	NORTH BAY VILLAGE,FI	L33141
ARTICLE III - Registered Agent, Registered of The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re-	gistered agent are:	SOFT OF STREET
MURAT NALCIOGLU	·	
Name		
7601 E TREASURE DR APT#200)2	L: ng
Florida street address (P.O.	Box NOT acceptable)	→ ••••••••••••••••••••••••••••••••••••
NORTH BAY VILLAGE City	FL 33141 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..

Must Nalciolalu
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Title:	Name and Address:		
	"AMBR" = Authorized Member			
	"MGR" = Manager AMBR	MURAT NALCIOGLU		
	AMBK	7601 E TREASURE DR APT#2002		
		NORTH BAY VILLAGE ,FL33141		
		With the same of t		
	AlMBR	KUCUK MUTLUHAN		
		2755 W TRADE AVE		
		COCONUT GROVE, FL 33313		
			জ	laure # #71.57
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	(Use attachment if necessary) CLEV: Effective data if other than			
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(If an to or 9 <u>Note:</u> I	effective date is listed, the date mile of days after the date of filing.)	ust be specific and cannot be more than five busines teet the applicable statutory filing requirements, this date will not	s day:	•
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(If an to or 9 <u>Note:</u> I docume	effective date is listed, the date med days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of Struck CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the document is executed I am aware that any false into the days of the d	neet the applicable statutory filing requirements, this date will not tate's records. There or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes.	s day:	•

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)
Page 2 of 2

\$ 30.00 Certified Copy (Optional)

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent