

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	)
PICK-UP		
(Bu	siness Entity Name	<del>,</del>
(Dc	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	Ŷ
,	300'	
121	Office Use Only	
V -		



04/18/16--01031--027 \*\*35.00

05/11/16--01017--011 \*\*115.00

16 MAY - 5 0h :8 HV 

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<b>•</b>	₫ <sup>6</sup>
• • •	COVER LETTER
n n lateration Constinue	
D: Registration Section Division of Corporations	
	THEDIZA HE
BJECT:	(Name of Resulting Florida Limited Company)
	, Articles of Organization, and fees are submitted to convert an "Other ited Liability Company" in accordance with s. 605.1045, F.S.
ase return all correspondence con	cerning this matter to:
shady A.	ttia
(Contact Person	)
(Firm/Company	)
ST6 shadow o	lenn place
(Address)	
vinter springs FL	32708
(City, State and Zip	
<u>Shady</u> (A) <u>Uniq115</u> E-mail Address: (to be used for future ar	<u>- U.C.F., e.d.M.</u> inval report notifications)
r further information concerning the	ns matter, please can:
Bhady Attia	at ( <u>321)</u> 279 Mon
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
closed is a check for the following $\beta c = D = \frac{1}{2} \frac{D}{2} \frac{\partial c}{\partial t}$	amount:
\$150.00 Filing Fees <b>\$155.00</b> Filing	Fees S180.00 Filing Fees S185.00 Filing Fees,
i for Conversion and Certificate of 125 for Articles Status	
rganization)	Centreate of Status
REET ADDRESS:	MAILING ADDRESS:
gistration Section	Registration Section
vision of Corporations	Division of Corporations
fton Building	P. O. Box 6327
61 Executive Center Circle	Tallahassee, FL 32314

INHS11 (06/15)

	,	
, , , , , , , , , , , , , , , , , , ,	Articles of Conversion	
	For	10 414
	"Other Business Entity"	16 MAY -5 Am 8:40
1.1	Into	<i>m</i> 8.40
<u>F</u>	lorida Limited Liability Company	41.1 Alt 4 55 11 3 11 15
The Articles of Conversion <u>and attach</u> "Other Business Entity" into a Floric Statutes.		
1. The name of the "Other Business Er		f the Articles of Conversion is:
(Enter Na	ame of Other Business Entity)	
2. The "Other Business Entity" is a(Ent	Corporation	<u> </u>
(Ent	er entity type. Example: corporation, limited general partnership, common law or business	J partnership, trust, etc.)
First organized, formed or incorporated	under the laws of <u>Floric</u>	S. entity, the name of the country)
on8/20/2014		.S. entity, the name of the country)
on <u><u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u>	ration)	
(and of organization, formation of montpo	iulony	
3. The name of the Florida Limited Lia	ability Company as set forth in the att	ached Articles of Organization:
THE GI	.ZA LLC.	
(Enter Name of F	lorida Limited Liability Company)	
4. If not effective on the date of filing,		<u> </u>
(The effective date: 1) cannot be price		
date this document is filed by the Flo	•	
date listed in the attached Articles of	Organization, if an effective date is	listed therein.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the i 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.

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Signed this . 29 day of April	20 <u>_</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	_Title:Manger.
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name:Shardy A Hua	Title: president
Signature: Printed Name:	
Signature: Printed Name:	Title:
Signature: Printed Name:	
Signature: Printed Name:	
Signature: Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili 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)

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Page 2 of 2

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

	T	HEG	IZA	LLC.		
(M	ist end with the wo	ords "Limited I	iability Comp	any, "L.L.C.," c	»r "LLC.")	
TICLE II - A	dress:					

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

**Principal Office Address:** 

Mailing Address:

wintersprings FL, 327 5 Winter Springs, FL 32708

**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:

် က shady Attia AM 8: S76 Shadowglenn place Florida street address (P.O. Box NOT acceptable) Wintersprings FL 32708 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 (REOUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability <sup>•</sup>Company:

;

:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	•
"MGR" = Manager	Shady A Hia SF6 Shadow glenn place whiter springs, F(1 327 08	:
		•
		:
		:
(Use attachment if necessary)		
f an effective date is listed, the date must or 90 days after the date of filing.)	e date of filing:, (OPTIONAL be specific and cannot be more than five business day the applicable statutory filing requirements, this date will not be lis 's records.	ys pri
		- ;
<u>REQUIRED</u> SIGNATURE:	ind	- :
Signature of a member This document is executed in a Lam aware that any false inform	er or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.	- :
Signature of a member This document is executed in a I am aware that any false inform constitutes a third degree felony	accordance with section 605.0203 (1) (b). Florida Statutes. nation submitted in a document to the Department of State	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)

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