L17000195835

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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T. BURCH SEP 2 1 2017

COVER LETTER .

TO: New Filing S Division of C	Corporations		
SUBJECT:	7 1 pp 5 / amd (Name of Res	Group LLC sulting Florida Limited Cor	npany)
			id fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
(OLEG WACI	ELOFF	
	(Contact Person)	-	
	(Firm/Company)		
10265	Garaly Blo	101 N \$1414	
	,,		
Jt, 12 ters b	City, State and Zip Code)	5702	
identsche,	notorono gmail.	win	
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
OLE G WAG	CELOFF	_at (_727)4_	596508 time Telephone Number)
Enclosed is a check f		int: (All checks process	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING A	
New Filing Section	lana	New Filing S	

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

FILED 17 SEP 20 AN 9:52

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited like hility 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 Wyomuka (Emer state, or if a non-U.S. entity, the name of the country)
on <u>08/12/16</u> (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
(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.
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 this 19 day of September	20_17
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	Title: agent
Signature(s) on behalf of Other Business Entity: 1	
Signature:	
Signature: Printed Name: OLEG WACELOFF	Title: mgr
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	rrist
Frittled Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL 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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4604 49th Street N#167 St. Pe Krsbum, PL 33709	4604 49th Strat N#167 St. Petersburg, FL 33709
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re-	egistered agent are:
OLEG WACI	ELOFF
Name	
10265 Gamely B Florida street address (P.O.	Wind N #1414
Florida street address (P.O.	Box NOT acceptable)
St. Fe ters being	FL 33702
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and distered agent as provided for in Chapter 605, F.S

(CONTINUED)

PANADDE - A L - L A L	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Manager MGR	OLEG WACELOFF
	10265 Gandy Blod N#1414
	10265 Gamely Blod N # 1414 St. Petersburg, FL 33702
	<i>b</i>
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any false information submitted in a document is executed in	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware

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

ARTICLE IV-