# 11700021629165

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
FALLAHASSEE, FLORID.

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### COVER LETTER

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Tallahassee, FL 32301

### **Articles of Conversion**

For

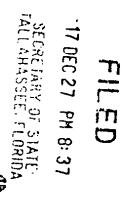
### "Other Business Entity"

Into

## Florida Limited Liability Company

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.605,1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: BLESTAR ENTERPRISES, INC. $911 - 101194$
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
OCTOBER 22, 2011 (Doc No. P11000101194)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BLESTAR ENTERPRISES, 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.)
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 12TH day of DECEMBER	20_17	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: Printed Name: BLEDAR STAROVA	Title: MANAGING MEMBER	
Signature(s) on behalf of Other Business Entity:		
Signature: Negu Hovoc Printed Name: BLEDAR STAROVA	Title: PRESIDENT/DIRECTOR	
Signature:Printed Name:	Title:	
Signature:Printed Name:	_ Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
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.	v Limited Partnership:	SEG:
All others: Signature of an authorized person.		KE IARY VHASSER
Fees:		OF ST

\$25.00

\$125.00

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

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

FILED

17 DEC 27 PM 8: 37

SECRETARY OF STATE TALL AHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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rincipal office of the Limited I	.iability Company is:
·	liability Company is:
Mailing Address:	
320 MAIN STREET	
DUNEDIN, FL 34698	
registered agent are:	vidual or another
<del></del>	
). Box <u>NOT</u> acceptable)	
FL 34689	
Zip	
o accept service of process for a this certificate. I hereby acceptly. I further agree to comply uperformance of my duties, and gistered agent as provided for i	ot the appointment as with the provisions of all I am familiar with and
nature (REQU/RED)	FILED  17 DEC 27 PM 8: 37  SECRETARY OF STATE TALL AHASSEE, FLORIDA  19
	DUNEDIN, FL 34698  I Office, & Registered Agent tered Agent. You must designate an indiregistered agent are:  D. Box NOT acceptable)  F1, 34689  Zip  To accept service of process for a this certificate. I hereby acceptity. I further agree to comply a performance of my duties, and gistered agent as provided for instance (REQUIRED)

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	01 50 4 5 675 4 5 6 4 4	
AMBR	BLEDAR STAROVA	
	320 MAIN STREET	
	DUNEDIN, FL 34698	
AMBR	KLODIANA STAROVA	
<del></del>	320 MAIN STREET	<del></del>
	DUNEDIN, FL 34698	
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REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**BLEDAR STAROVA** 

Typed or printed name of signee

### Filing Fees

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