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(Re	questor's Name)	
(Ad	dress)	
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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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Office Use Only



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SECRETARY OF STATES
TALLAHASSEE, FLORIDA

DEC 28 2017

COVER LETTER

TO:	New Filing Solution of C				
SURI	FCT: BLESTA	R ENTERPRISES III. LLO	C		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Name of Res	sulting Florida Limite	ed Con	npany)
			_		id fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
STEV	EN N TSANGAR	IS			
		(Contact Person)			
TSAN	GARIS LAW GR	OUP, PL			
		(Firm/Company)			
623 E.	TARPON AVEN	UE			
		(Address)			
TARP	ON SPRINGS, FL	. 34689			
	((City, State and Zip Code)			
STEV	E@TSANGARISI	LAW.COM			
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	irther informati	on concerning this ma	tter, please call:		
STEV	EN TSANGARIS		at (727	945 7	7529
	(Name of Conta	ict Person)		(Day	time Telephone Number)
		or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STRE	EET ADDRES	S:	MAILI	NG A	ADDRESS:
	Filing Section		New Fil	_	
	ion of Corporat n Building	ions	Division P. O. Be		Corporations
	n Bunding Executive Cent	er Circle			FL 32314

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.

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:	See below for required signature(s)]
Signature: / Nedu Horre	
Printed Name: BLEDAR STAROVA	Title: PRESIDENT/DIRECTOR
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
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.	ty 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:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

TILED

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SECRETARY OF STATE
ALL AHASSEE, FLOBIES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is		
	is:	
BLESTAR ENTERPRISES III, LLC		
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	principal office of the Limited Liability Company is:	
•		
Principal Office Address:	Mailing Address:	
533 CENTRAL AVENUE	533 CENTRAL AVENUE	
ST. PETERSBURG, FL 33701	ST. PETERSBURG, FL 33701	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Reg- business entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	
The name and the Florida street address of the	ne registered agent are:	
STEVEN N TSANGARIS		
Na	ime	
623 E. TARPON AVENUE		
Florida street address (P	P.O. Box <u>NOT</u> acceptable)	
TARPON SPRINGS	111 24490	
City	FL 34689 Zip	
City	ε.φ	
	d to accept service of process for the above stated limite. I in this certificate, I hereby accept the appointment as	d
registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as t	pacity. I further agree to comply with the provisions of a te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S	
registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as t Llu U.	te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S	
registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as t Llu U.	te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S	

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	BLEDAR STAROVA	-
	533 CENTRAL AVENUE	_
	ST. PETERSBURG, FL 33701	-
AMBR	KLODIANA STAROVA	
	533 CENTRAL AVENUE	-
	ST. PETERSBURG, FL 33701	-
		-
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		-
		
(Use attachment if necessary)		70
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	S. S	N
CLE V: Other provisions, if any.		7
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		- -
REQUIRED SIGNATURE:		
M. VOIKE, DIGITAL OKU.	()	
1/X/colu	1) Loner	
Signature of a mambar or	an authorized representative of a member	-
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am aware t	hai
 any false information submitted in a docu 	ment to the Department of State constitutes a third degree fel	lony
as provided for in s.817.155, F.S.	•	
BLEDAR STAROVA		
75.	ped 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)