LNC00262982

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	; #)
. PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

DEC 28 2017
T SCHROEDER

COVER LETTER

TO: New Filing So Division of Co					
	•				
SUBJECT: STAROV	(Name of Res	ulting Flori	da Limite	d Can	angay t
		•			
					d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this mat	ter to:		
STEVEN N TSANGARI	S				
	(Contact Person)				
TSANGARIS LAW GRO	OUP, PL				
	(Firm/Company)	·	.		
623 E. TARPON AVEN	UE				
	(Address)				
TARPON SPRINGS, FL	34689				
(0	City, State and Zip Code)				
STEVE@TSANGARISL	.AW.COM				
E-mail Address: (to b	e used for future annual re	port notifica	ations)		
For further information	on concerning this ma	tter, pleas	e call:		
STEVEN TSANGARIS	-	, 727		945 7	529
(Name of Conta	et Person)	_at (_ ⁷²⁷ _tArc) :a Code)	(Day	time Telephone Number)
	or the following amou a bank located in the	int: (All cl	heeks pr	•	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	□\$180.0 and Certi	_		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	į	MAILI	NG A	ADDRESS:
New Filing Section		ì	New Fil	ing S	ection
Division of Corporati	ons				orporations
Clifton Building			P. O. Be	x 63.	<i>41</i>

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

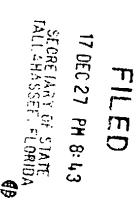
Into

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: STAROVA ENTERPRISES, INC. POST 137923
(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 7, 2005 (DOC NO. P05000137933)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: STAROVA 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.



\$5.00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

STAROVA ENTERPRIS	SES, LLC		
(Must c	contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addi		e principal office of the Limite	d Liability Company is:
Principal Office Add	dress:	Mailing Address:	
428 CLEVELAND STRI	EET	428 CLEVELAND STREET	
CLEARWATER, FL 337	755	CLEARWATER, FL 33755	
			
<u>s</u>	TEVEN N TSANGARIS	he registered agent are:	FILE 17 DEC 27 PI SECRETARY OF FALLAHASSEE.
-	Florida street address (P.O. Box <u>NOT</u> acceptable)	PM 8: 44 0F STAFE
•	TARPON SPRINGS	111 24690	22 ±
	ARPON SPRINGS	FL 34689	
	City	Zip	A A

(CONTINUED)

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	
	428 CLEVELAND STREET	
	CLEARWATER, FL 33755	
AMBR	KLODIANA STAROVA	
	428 CLEVELAND STREET	
	CLEARWATER, FL 33755	
		
		
		FAIS
		7
		27 ASS
(Use attachment if necessary)		- m -<
		r≕ich
ICLE V: Other provisions, if any.		8: 44 STATE LORIDA
		4

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)