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(Red	μuestor's Name)	
(Add	Iress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	_
Certified Copies	Certificates	s of Status
Special Instructions to F	iliņg Officer:	



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing S Division of C				
SURJECT: NIKOLL	AJ INVESTMENT COOP	ERATION ENT	ERPRISE,	LLC
3000EC1	(Name of Res	ulting Florida Li	mited Con	npany)
		_		nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter t	0:	
BLAIR M. JOHNSON				
	(Contact Person)		_	
BLAIR M. JOHNSON,	P.A.			
	(Firm/Company)		 -	
P.O. BOX 770496				
	(Address)			
WINTER GARDEN, FL	. 34777-0496			
	City, State and Zip Code)			
BLAIR@WESTORANG	GELAW.COM			
E-mail Address: (to b	oe used for future annual re	port notification	<u>s)</u>	
For further informati	on concerning this ma	tter, please ca	n:	
BLAIR M. JOHNSON		_at (656-5	5521
(Name of Conta	oct Person)	(Area Co	ode) (Day	ytime Telephone Number)
	for the following amou a a bank located in the	•	•	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	S180,00 Fill and Certified		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MA	ILING A	ADDRESS:
New Filing Section			Filing S	
Division of Corporat	ions			Corporations
Clifton Building). Box 63	
2661 Executive Cen	ter Circle	Tall	ahassec	FI 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: NIKOLLAJ INVESTMENT COOPERATION ENTERPRISE, INC. PNG-85502
(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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
October 21, 2016 on (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
NIKOLLAJ INVESTMENT COOPERATION ENTERPRISE, 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	day of December	20 17
Signature of Au	thurized Representative of 1	imited Liability Company:
Signature of Aud Printer Name: DI	horized Representative:	Title: Manager
Signature(s) on h	nehalf of Other Business Entit	
Signatured (Di	MANINOLLY STREET	Title: Director
	·	Title:
\		1
Printed Name		fitle:
Printed Isame		Tule:
Signature Printed Name:		Title:
Signature.		
If Florida Corpo	ration:	
Signature of Chair If Directors or Off	man. Vice Chairman, Director feers have not been selected, a	or Otheer.) Incorporator must sign.
If Florida General Signature of one C	<u>il Partnership or Limited Lip</u> Jeneral Partner	bility Partnership:
1f Florida Limite Signatures of ALI	d Partnership or Limited Lin 2 General Panners.	bility Limited Partnership:
All others: Signature of an ag	thorized person.	
<u>Fees:</u>		
	• •	\$25.00 E \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	imited Liability Company	15.	
NIKOLLAJ INVEST	MENT COOPERATION ENTI	ERPRISE, LLC	
(M	ust contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.	")
ARTICLE II - Ac The mailing addre		e principal office of the Lim	nited Liability Company is:
Principal Office :	Address:	Mailing Address:	
345 JENNIFER COU	RT	345 JENNIFER COURT	
LAKE MARY, FL 32	746	LAKE MARY, FL 32746	
The name and the	Florida street address of t	he registered agent are:	
		ame	•
	345 JENNIFER COURT		_
	Florida street address (P.O. Box NOT acceptable)	
	LAKE MARY	FL 32746	-
	City	Zip	
liability comp registered agent	pany at the place designate and agree to act in this ca	ed in this certificate, I hereby pacity. I further agree to co	ss for the above stated limited accept the appointment as mply with the provisions of all and I am familiar with and

Registered-Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
US 443 TO U S 4	
"MGR" = Manager	DIANA KURNULAT
MGR	DIANA NIKOLLAJ
	345 JENNIFER COURT
	LAKE MARY, FL 32746
MGR	NICKALUS NIKOLLAJ
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	345 JENNIFER COURT
	LAKE MARY, FL 32746
Alleg attaches set if a suggestion	
(Use attachment if necessary)	
TIFV: Other provisions, if any	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	. 0 01
	LA M
	Thollan
REQUIRED SIGNATURE: Signature of a member or	The less an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	e with section 605,0203 (1) (b), Florida Statutes. I am aware th
Signature of a member or	e with section 605.0203 (1) (b), Florida Statutes. I am aware tha
Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware the mount to the Department of State constitutes a third degree felor

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)