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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
_		
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
<u> </u>		

Office Use Only



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SECKETARY OF STATE
ALLIANASSEE OF STATE

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COVER LETTER

TO:	New Filing Son Division of C					
CHRI	ECT: PHO DIN	ISUM LLC				
3000	ECT	(Name of Res	ulting I	lorida Limit	ed Con	npany)
						d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concernin	g this i	matter to:		
МІСН	AEL PHAN, PH.I).				
PHAN	& PHAN, PA	(Contact Person)				
		(Firm/Company)				
10752	DEERWOOD PA	RK BLVD STE 100				
		(Address)	_			
JACK	SONVILLE FL 32	256				
	((City, State and Zip Code)				
	AN@PHANPA.C					
E-r	nail Address: (to b	e used for future annual re	port not	tifications)		
For fu	irther informati	on concerning this ma	tter, pl	lease call:		
місн	AEL PHAN		_at (_	904	240-5	5762
	(Name of Conta	ct Person)		(Area Code)	(Day	rtime Telephone Number)
		or the following amou a bank located in the			rocess	sed by this office must be payable in US
(\$25 fc & \$125	0.00 Filing Fees or Conversion of for Articles onization)	☐\$155.00 Filing Fees and Certificate of Status		80.00 Filing Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New I Divisi Clifto 2661	ET ADDRESS Filing Section on of Corporat In Building Executive Cent Dassee, FL 3230	ions er Circle		New Fi Division P. O. B	ling S n of C ox 63:	Corporations

INHS11 (7/17)

1,

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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.

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 19th day of December	20 17
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	Tide MRC
Printed Name: LAM B KHA	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name LAM B KHA	Title:
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	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	•
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	ıy is:	
PHO DIMSUM LLC		
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")	·
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
9866 BAYMEADOWS RD	9866 BAYMEADOWS RD	
JACKSONVILLE FL 32256	JACKSONVILLE FL 3225	6
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of t PHAN & PHAN, PA	the registered agent arc:	gent's Signature: n individual or another
	vame	Y-3
Florida street address ((P.O. Box <u>NOT</u> acceptable)	AH D AH D
JACKSONVILLE	FL 32256	0: 42 TATE ORID.
City	Zip	PA 2
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cast statutes relating to the proper and comple accept the obligations of my position at Registered Agent's second	ed in this certificate, I hereby ac apacity. I further agree to comp lete performance of my duties, a	ecept the appointment as ply with the provisions of al and I am familiar with and

(CONTINUED)

ARTICLE IV-

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

"MGR" = Manager MGR	T AND TO THE .
MOR	LAM B. KHA
	9866 BAYMEADOWS RD
	JACKSONVILLE FL 32256
MGR	MULT. LANE
	9866 BAYMEADOWS RD
	JACKSONVILLE FL 32256
MGR	DE N. KHA
_	9866 BAYMEADOWS RD
	JACKSONVILLE FL 32256
MGR	QUOC B. TRAN
	9866 BAYMEADOWS RD
	JACKSONVILLE FL 32256
(Use attachment if necessary)	JARY ASSE
CLE V: Other provisions, if any. ND ALL LAWFUL BUSINESS	OF STATE E. FLORIDA

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.

LAM B. KHA

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)