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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

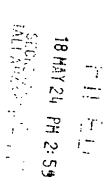
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COVER LETTER

TO: New Filing S Division of C				
SUBJECT:	LYCOMIN (Name of Res	6 HOLDING	npany)	
			d fees are submitted to co coordance with s. 605,104	
Please return all corr	espondence concerning	g this matter to:		
DEORIS	(Contact Person)			
16F LL	(Firm/Company)			
5919 W.		5111E 20	7	
LOS ANO	City, State and Zip Code)	90036		16 H
	SARCIA DY se used for future annual re	AHOO. COM	1	2
For further informati	on concerning this ma	tter, please call:		PH.
DEOR US (Name of Conta	CARCIA	at (323) (Area Code) (Day	rtime Telephone Number)	2.53
	or the following amou 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)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES New Filing Section	S:	MAILING A New Filing S		

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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:

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of <u>CALFORNA</u>
(Enter state, or if a non-U.S. entity, the name

on <u>03.15.2016</u> (date of organization formation or incorporation)

(and of organization, including the many

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

LYCOMNG HOLDING LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 05/18/2018
(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.)

<u>Note:</u> 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 18th day of MAY	
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: W Printed Name: MEHMET ILBAK	Title: MANTIGING MEMBE
Signature(s) on behalf of Other Business Entity:	
Signature: Wt UIB Printed Name: MEHMET KBAK	Title: MANAGINE MEMBER
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	Officer, corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:
Must contain the words "Limited Ltability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is a
Principal Office Address: Mailing Address:
OVIEDO MALL HOLDING ILC THE SAME ASTHE 1700 OVIEDO MAIL BLUD PRINCIPAL OFFICE OVIEDO, FL 32765 ADDRESS
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
MEHMET ILBAK Name
1700 CVIEDO MALL BLVD Florida street address (P.O. Box <u>NOT</u> acceptable)
OVIEDO FL 32765 City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of at statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S
Registered Agent's Signature (REQUIRED)
(CONTINUED)

ABR" = Authorized Member GR" = Manager MG &	MEHMET ILBAK 1700 OVIETO MALL BLU OVIEDO, FL 32765
	W.T.V.
	NE SECTION OF THE SEC
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	, ¹ ,
e attachment if necessary)	
V: Other provisions, if any.	
OLUBER CICNATURE	
ouired signature:	11/15
ils document is executed in accordance wit	authorized representative of a member b-section 605.0203 (1) (b). Florida Statutes, I am aware that to the Department of State constitutes a third degree felo
MEHMET	or printed name of signee
Type	for printed name of signee

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

ARTICLE IV-

Company: