118000282375

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400317578714

11/13/18--01046--028 **185.00

FILED

18 DEC -6 PH IO: 39

SECREMANY OF STATE
ALL ANASSET FLORIDA

T SCHROEDER

COVER LETTER

TO: New Filing S Division of C				:
SUBJECT: PIASAA	USA LLC.			
	(Name of Res	ulting Florida Limited Cor	npany)	
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited Li	les of Organization, an ability Company" in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.	
Please return all con	respondence concerning	g this matter to:		
KAMAL U. AHMED				
	(Contact Person)			
PIASAA USA LLC.				
	(Firm/Company)			
3040 NE 13TH AVE				-খ্যা
	(Address)			
POMPANO BEACH, F	L 33064			
((City, State and Zip Code)			
SABROS@AOL.COM				
E-mail Address: (to	be used for future annual re	port notifications)		
For further informat	ion concerning this ma	tter, please call:		•
KAMAL U. AHMED		_at (917)_500 (5417	
(Name of Cont	act Person)	(Area Code) (Day	rtime Telephone Number)	
Enclosed is a check dollars and drawn or	for the following amount a bank located in the	int: (All checks process United States)	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	☐\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status	49
STREET ADDRES New Filing Section Division of Corpora Clifton Building 2661 Executive Cen	tions	MAILING A New Filing S Division of C P. O. Box 63 Tallahassee,	ection Corporations 27	

Tallahassee, FL 32314

INHS11 (7/17)

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 fo	Howing
"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.10	145 Florida
Statutes.	· · · · · · · · · · · · · · · · · · ·

(Enter Name of	of Other Business Entity)
2. The "Other Business Entity" is a Limited	Liability Company ation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corpora	ation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated und	NEW YORK (Enter state, or if a non-U.S. entity, the name of the country)
	(Enter state, or if a non-U.S. entity, the name of the country)
11 04 0004	
on (date of organization, formation or incorporation	
PIASAA USA LLC (Enter Name of Florida	2 Limited Liability Company)
4. If not effective on the date of filing, ente	er the effective date: 12-15-2018
(The offsetive date: Commut hamile it 1	
the date this document is filed by the Flo	a the applicable statutory filing requirements, this date will not be listed as the
the date this document is filed by the Flo Note: If the date inserted in this block does not mee document's effective date on the Department of Stat	rida Department of State.)

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this 6TH day of NOVEMBER	_ 20 18	
Signature of Authorized Representative of Limit	ed Lizbility Company:	·
Signature of Authorized Representative: Printed Name: KAMAL U. AHMED	Title: MEMBER/PARTNER	· · · · · · · · · · · · · · · · · · ·
Signature(s) on behalf of Other Business Entity: [:	See below for required signature(s)!	
Signature:	1	1 0-
Printed Name KAMAL UAHING	Utitle: MEMBER 1002	Land -
Signature:		
Printed Name:	Title:	
Signature		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Tisle	
rimited Name.	Tite:	
Signature:		•
Printed Name:	_ Title:	·
Signature:		÷@;
Printed Name:	Title:	
If Florida Corporation:	- 45	
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc		
in Directors of Officers have not seem selected, an inc	corporator mest sign.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	·
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ry Limited Partnership:	*-1
All others: Signature of an authorized person.		18 DI SECRI
9	·	発展を
Fees:		(A)
Articles of Conversion:	\$25.00	CE TO IN
Fees for Florida Articles of Organization:	\$125.00	FHIO: 33
Certified Copy:	\$30.00 (Optional)	(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Certificate of Status:	\$5.00 (Optional)	6
		-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	TOT	T.	T	No	mar
ALL	ICI.	∠E.	1 -	2821	me.

The name of the Limited Liability Company is:

PRIDE/CS. FULLINGS, LEC.	PIASAA	USA	LLC
(Must contain the	words "Limited Liability Comp	anv. "L.L.C.," or "LLC)

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3040 NE 13th AVENUE	P O BOX 50296
POMPANO BEACH	LIGHTHOUSE POINT
FLORIDA 33064	FLORIDA 33074

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:

KAMAL U. AH	MED
Na:	me
3040 NE 13TH AVENUE	
Florida street address (P	.O. Box NOT acceptable)
POMPANO BEACH	FL 33064
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 all 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..

> nt's Signature (REQUIRED) Registered A

> > (CONTINUED)

· ·

¥ ...

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	MANAL II AIDEEN	
AMBER	KAMAL U. AHMED	
	3040 NE I3TH AVE POMPANO BEACH FL 33064	
	POWPANO BEACH PE 35004	
	· · · · · · · · · · · · · · · · · · ·	
		
	P (
	10 To	:
		:
	<u>ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن ن </u>	;
	۶- انت احراب	•
(II) and the state of the state	~ ```	
(Use attachment if necessary)		
	전요 	
LE V: Other provisions, if any.	%	
	6)	
REQUIRED SIGNATURE:		
- Carly	à ,	
Signature of a member or a	in authorized representative of a member	
This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S.	with section 605,0203 (1) (b), Florida Statutes, I am aware the nent to the Department of State constitutes a third degree felo	it ny
KAMAL U. AHMED		

نيد