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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 30, 2019

LEO KUTIN 12726 GORS MILL RD REISTERSTOWN, MN 21136

SUBJECT: SUNYBIZ LLC Ref. Number: W19000042023

We have received your document for SUNYBIZ LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 319A00008587

COVER LETTER

TO: New Filing Sect Division of Cor				
SUBJECT: SUNYBIZ	LLC			
	(Name of Resu	ılting Florida Limi	ted Com	pany)
				d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corresp	pondence concerning	this matter to:		
Leo Kutin				
	(Contact Person)		-	
	(Firm/Company)		-	
12726 Gores Mill Rd	- <u> </u>	<u> </u>	_	
	(Address)			
Reisterstown, MD 21136			_	
(City leokutin@gmail.com	y, State and Zip Code)			
E-mail Address: (to be u	used for future annual rep	ort notifications)	-	
For further information	concerning this mat	ter, please call:		
Leo Kutin		_at (82964	53
(Name of Contact	Person)		(Dayı	time Telephone Number)
Enclosed is a check for dollars and drawn on a			rocess	ed by this office must be payable in US
(\$25 for Conversion a	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		■S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle	New F Divisio P. O. B	iling Se on of Co ox 632	orporations

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<u>Articles of Conversion</u>

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.

The name of the "Other Business Entity" immediately pri Sunybiz Co	or to the filing of the Articles of Conversion is:
(Enter Name of Other Business En	tity)
2. The "Other Business Entity" is a Corporation Pig.	- 2900 ship, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	Placida
03/18/2019	-
on	
3. The name of the Florida Limited Liability Company as se SUNYBIZ LLC	t forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Co	ompany)
4. If not effective on the date of filing, enter the effective dat (The effective date: Cannot be prior to date of receipt or the date this document is filed by the Florida Department Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	filed date nor more than 90 calendar days after to f State.)
5. The plan of conversion has been approved in accordance w	vith all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay which such members are entitled under ss. 605.1006 and 605	any members having appraisal rights the amount to 5.1061-605.1072, F.S.
	19 HAY 13 AM

· · ·		
Signed this 12 day of April	20_19	
Signature of Authorized Representative of Lim	<u> </u>	
Signature of Authorized Representative: Printed Name: Leo Kutin	\mathcal{G}	
Printed Name: Leo Kutin	Title: Member	 _
Signature(s) on behalf of Other Business Entity:	ISee below for required signature(s)	1
Signature(s) on beman of other Business Littly.	(S)	
Signature:		
Printed Name: Leo Kutin	Title: President	_
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	-
Signature:	701 h	<u> </u>
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	-
Signature:		
Signature:Printed Name:	Title:	<u></u>
		-
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 Signature of one General Partner.	ty Partnership:	
•		
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		- -
Faac.		KAY.
<u>Fees:</u>		- <u>- </u>
Articles of Conversion:	\$25.00	7.
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy: Certificate of Status:	\$30.00 (Optional)	- 일본 - 연기 시 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
Certificate of Status:	\$5.00 (Optional)	30

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	.ny is:		
SUNYB	IZ LLC.		
(Must contain the words "Limited	Liability Company.	"L.L.C" or "LLC.	")
ARTICLE II - Address: The mailing address and street address of	the principal of	fice of the Lim	nited Liability Company is:
Principal Office Address:	Mailin	g Address:	
12726 Gores Mill Rd	12726 G	iores Mill Rd	
Reisterstown, MD 21136	Reisterst	town, MD 21136	
business entity with an active Florida registration.) The name and the Florida street address of Leo Kutin		agent are:	_
	Name		
4986 S. 25th St	(D.O. Day NO	T 11 \	
Florida street address	. (Р.О. Вох <u>NO</u>	1 acceptable)	
Fort Perce	<u> </u>	34981	-
City		Zip	
Having been named as registered agent liability company at the place designate registered agent and agree to act in this contact statutes relating to the proper and compacted the obligations of my position	ited in this certij capacity. I furtl plete performan	ficate, I hereby her agree to cor ce of my duties	accept the appointment as nply with the provisions of all , and I am familiar with and
			· · · · · · · · · · · · · · · · · · ·
Registered Agent's	s Signature (RE	QUIRED)	MAY 13 AH 8: 30

ARTICLE IV-

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

**MGR" = Manager AMBR	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
AMBR Leo Kutin 12726 Gores Mill Rd Reisterstown, MD 21136 MGR Alexander Friedman 3870 N A1A Apt. 1006 Hutchinson Island, FL 34949 MGR Igor Friedman 8 Foxcreek Ct Owings Mills, MD 21117 MGR Peter Brover 720 Brickston Rd Reisterstown, MD 21136 (Use attachment if necessary) CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 1 am aware any false information submitted in a document to the Department of State constitutes a third degree for the provision of the				
I 12726 Gores Mill Rd Reisterstown, MD 21136 MGR Alexander Friedman 3870 N A1A Apt. 1006 Hutchinson Island, FL 34949 MGR Igor Friedman 8 Foxcreek Ct Owings Mills, MD 21117 MGR Peter Brover 720 Brickston Rd Reisterstown, MD 21136 (Use attachment if necessary) CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member This document is executed in accordance with section 603.0203 (1) (b). Florida Statuses, I am aware any false information submitted in a document to the Department of State constitutes as hird degree for the provision of the polyment of the polyment of the polyment of State constitutes as hird degree for the polyment of the polyment of State constitutes as hird degree for the polyment of the polyment of State constitutes as hird degree for the polyment of the polyment of State constitutes as hird degree for the polyment of the polym	_	Leo Kutin		
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MGR Igor Friedman 8 Foxcreek Ct Owings Mills, MD 21117		3870 N A1A Apt. 1006		
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as provided for in s.817.155, F.S.	any false information submitted in a docur	with section 605.0203 (1) (b), Florida Sta	tutes. I am awar	e t ورا
	as provided for in s.817.155, F.S.	The Separation State Constitute	o a mind degree	1616
	Leo Kutir	1		

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)