

L19 000 155 032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

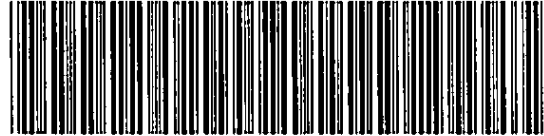
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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U3/11/19--U1U31--U27 \*\*180.00

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TALLAHASSEE, FLORIDA

19 JUN 18 AM 10:57

D O'KEEFE  
JUN 21 2019

WP-28275



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2019

ANGELINA C. LI                      2nd Correction Request  
JAL ACCOUNTING P.A.  
3363 SHERIDAN STREET, STE 214  
HOLLYWOOD, FL 33021

SUBJECT: SIGMA POWERS LLC  
Ref. Number: W19000028275

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

Please complete the following section: Signature of Authorized Representative of Limited Liability Company.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 919A00009098

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19 JUN 18 AM 10:57  
TALLAHASSEE, FLORIDA

2019 JUN 18 3 PM 3:48



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2019

ANGELINA C. LI  
JAL ACCOUNTING P.A.  
3363 SHERIDAN STREET, STE 214  
HOLLYWOOD, FL 33021

SUBJECT: SIGMA POWERS LLC  
Ref. Number: W19000028275

We have received your document for SIGMA POWERS LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the following sections: Signature of Authorized Representative of Limited Liability Company and Signature(s) on behalf of Other Business Entity.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 619A00005723

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** SIGMA POWERS LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

ANGELINA C. LI

(Contact Person)

JAL ACCOUNTING P.A.

(Firm/Company)

3363 SHERIDAN STREET, STE 214

(Address)

HOLLYWOOD, FL 33021

(City, State and Zip Code)

ANGEL@JALACCT.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

HUILI XU

at (954) 963-6606

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$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

☐ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

### STREET ADDRESS:

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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:  
SIGMA POWERS INC

(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 FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 06/09/2010  
(date of organization, formation or incorporation)

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

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 01/01/2019

**(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.

19 JUN 18 AM 10:57  
TALLAHASSEE, FLORIDA

Signed this 20 day of MAY 2019.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: [Signature]  
Printed Name: HUILI XU Title: P.

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: [Signature]  
Printed Name: HUILI XU Title: PRESIDENT

Signature: [Signature]  
Printed Name: HUILI XU Title: S

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 Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL 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)

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19 JUN 18 AM 10:57  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SIGMA POWERS 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 office of the Limited Liability Company is:

#### Principal Office Address:

7075 W 20TH AVE

HIALEAH, FL 33014

#### Mailing Address:

7075 W 20TH AVE

HIALEAH, FL 33014

### 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:

HUILI XU

Name

8290 LAKE DR #544

Florida street address (P.O. Box **NOT** acceptable)

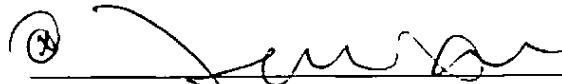
DORAL

City

FL 33166

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.,*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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19 JUN 18 AM 10:58  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

HUILI XU

8290 LAKE DR APT 544

DORAL, FL 33166

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

19 JUN 18 AM 10:58  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**ARTICLE V:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

HUILI XU

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)**



**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000048804

**Entity Name:** SIGMA POWERS INC.

**Current Principal Place of Business:**

7075 W 20TH AVE.  
HIALEAH, FL 33014

**Current Mailing Address:**

7075 W 20TH AVE.  
HIALEAH, FL 33014 US

**FEI Number:** 27-3391926

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

XU, HUILI  
8290 LAKE DR #544  
DORAL, FL 33166 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	S	Title	PRES
Name	XU, HUILI	Name	XU, HUILI
Address	8290 LAKE DR #544	Address	8290 LAKE DR #544
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** HUILI XU

P

06/18/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date