# L19000192935

(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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07/25/19-00010-001

Office Use Only

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JUL 25 2019

#### **COVER LETTER**

TO: New Filing Section Division of Corporations			
TO 8 1/115	NATION	LLC	(P18000003
	of Resulting Florida Limi		
(Name	or resulting riotida Ethii	ica Company)	
The enclosed Articles of Conversion, Business Entity" into a "Florida Limit			
Please return all correspondence conc	-		
PREIGHT (Contact Person)	A V		
PREIGHT (Contact Person)	1	-	
1361 SW SISTER	S WELCOM	h KD	
LANR CITY (EL		-	E STATE OF THE STA
anjan viplavajielou	ode)		2
E-mail Address: (to be used for future and	nual report notifications)	-	<u>ن</u> چ چ چ
For further information concerning thi	s matter, please call:		03
1 -	at (32/	, 315 53	519
(Name of Contact Person)	(Area Code	(Daytime Telephone	Number)
Enclosed is a check for the following dollars and drawn on a bank located in	•	processed by this off	ice must be payable in US
\$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	Fees		y, and
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building	New Fi Divisio	ING ADDRESS: iling Section on of Corporations sox 6327	
2661 Executive Center Circle	Tallaha	issee, FL 32314	

Tallahassee, FL 32301

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#### **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:  LIZA RSTATAS ; NCORTORATED.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION. 918 - 6378
(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 JANUARY 19, 2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 07.22, 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.

#### ARTICLE IV-

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

Title:  "AMBR" = Authorized Member  "MGR" = Manager  MG K	Name and Address:  An van VIPIN
Mon	LAME CUTY PL 32025  LIZA VIPIAN  1363 SW SISTERS WELCOMIE RD  LAME CITY RL 32025
	19 JUL 25
(Use attachment if necessary)	
TICLE V: Other provisions, if any. TRANS DOMING CANGO AND TO ANOTHER.	O FRAGOUT FROM ONE STATE
REQUIRED SIGNATURE:	Ay Vylan
This document is executed in accordance any false information submitted in a document of the control of the con	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony.  VIPLAV
· · · · · · · · · · · · · · · · · · ·	ped 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)

ARTICLE I - Name: The name of the Limited Lightlity Company is:	
The name of the Limited Liability Company is:  [RR 1641 NAT 10]	v LLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1361 SW SISTERS WELCOM	ers 1361 sin sisters whiteo
LAKE CUT	<del>PD</del>
EL 32025	LANK CUT KL 32028
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re	gistered agent are:
Name	
1363 Scu Si	IS TRRS CORLCOME RD
Florida street address (P.O.	Box NOT acceptable)
LAWE 2114	EL 32025
City	Zin

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..

(CONTINUED)

Registered Agent's-Signature (REQUIRED)

Signed this 22 day of # JULY	20_19
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:  Printed Name: Authorized Representative:	Title: MNGN.
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Ligar	WTitle: DIRRETON, INCORPORTOR,
Printed Name: LIZA VIPL	WTitle: DIRECTOR, INCORPORTOR,
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	T'.1
rimed Name.	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit 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)