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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				
SUB.	JECT:		HMK INDKSTRY Sulting Florida Limited Cor		
		(Name of Res	sulting Florida Limited Cor	npany)	
			_	nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.	
Pleas	e return all corr	espondence concernin	g this matter to:		
	На	ongbi Kim (Contact Person)			
		(Contact Person)			
	HM	K Industry (Firm/Company)			
	D/ Mie Kuer	(Address)			
	(Florida and 33 City, State and Zip Code)	<u></u>		
	ghb 2147	Ooutlook . com pe used for future annual re			
E-	mail Address: (to b	be used for future annual re	port notifications)		
For fi	urther informati	on concerning this ma	tter, please call:		
	Honghi I	Kim act Person)	at (<u>813</u>) (Area Code) (Day	5D3 8882 ytime Telephone Number)	
		for the following amou a bank located in the	•	sed by this office must be payable in US	
(\$25 for \$12	50.00 Filing Fees or Conversion 5 for Articles (anization)	S155.00 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:		MAILING A	ADDRESS:		
New Filing Section			New Filing Section		
Division of Corporations Clifton Building			Division of Corporations P. O. Box 6327		
2661 Executive Center Circle			Tallahassee, FL 32314		
Talla	hassee, FL 323	01			

Articles of Conversion

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.

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 Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Nevado (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)
on <u>09, 29, 2017</u> (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MMK ZNDUSTRY
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(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.

Signed this 26 day of September	20_19_	 :
Signature of Authorized Representative of Lim	ited Liabili	ity Company:
Signature of Authorized Representative: Hong bi Kim	Tughi Ki Title:	Manager
Signature(s) on behalf of Other Business Entity:	[See below	for required signature(s)]
Signature: Honghi Kim Printed Name: Honghi Kim	Title:	General Partners
Signature: Noohaw KANOUNI	Title:	MANAGER
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		nust sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partners	ship:
If Florida Limited Partnership or Limited Liabili Signatures of ALL 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 (0 \$5.00 (0)	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	ne: mited Liability Compar	ny is:			
() ()	HMK INDUSTR) st contain the words "Limited I	CLC.	LC "arMLC"		
(Mu	st contain the words. Limited I	Jiaonity Company, L	alact, or LLC.		
ARTICLE II - Ad The mailing addres	dress: s and street address of t	the principal offi	ce of the Limited Li	ability Company is:	
Principal Office A	ddress:	Mailing	Mailing Address:		
8301 Pine. Riv Tompay FL 3	un Rd. 3637	<u>830 P</u> Tampa	me River Rd. , FL, 33637		
(The Limited Liability Co	egistered Agent, Regis empany cannot serve as its own active Florida registration.)				
The name and the I	Florida street address of	the registered a	gent are:	19	
		L NAOU	1.	yielly in 6 9 OCT 21	
	5724 TAN	A gersid (P.O. Box NOT	e acceptable)	THE SELECTION OF THE	
	LiTHIA City	FL	33547 Zip	<u>ت</u>	

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)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Horgbi Kim MGR 8301 Pino River Rd. Tumpa, FL, 33637 8301 Pine Raver Rd Tampe, FL, 33/37 (Use attachment if necessary) **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 8.817.155, F.S.

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)

Hongbi Kom
Typed or printed name of signee