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(Reque	stor's Name)	
(Addres	ss)	
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(City/St	ate/Zip/Phone #)	1
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	
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COVER LETTER

TO: New Filing So Division of C				
SUBJECT: SATTAR	REMODELING, LLC			
	(Name of Res	ulting Florida Limite	d Comj	pany)
		_		fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
Tushaar Desai, Esq.				
	(Contact Person)			
Desai Law Group, P.A.				
	(Firm/Company)			
1916 Robinson Street				
	(Address)			
Orlando, Florida 32803				
(0	City. State and Zip Code)			
TD@DLGesq.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Tushaar Desai		_at ()	895-87	707
(Name of Conta	ect Person)	(Area Code)	(Dayt	ime Telephone Number)
	or the following amou a bank located in the		ocesso	ed 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 I and Certified Copy		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRESS New Filing Section	S:	MAILH New Fil		DDRESS:
Division of Corporati	ions		_	prporations
Clifton Building		P. O. Bo		
2661 Executive Cent	er Circle	Tallahas	see, F	L 32314

Tallahassee, FL 32301

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: SATTAR REMODELING, INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
February 22, 2019 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SATTAR REMODELING, LLC
(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 30	day of October	20_19	
Signature of Auth	norized Representative of	Limited Liability Company:	
	orized Representative:	Pitle: Member	
Signature(s) on be	half of Other Business Ent	ity: See below for required signatur	re(s)
Signature:	المال كوالوكو		
Printed Name: Hadi		Title: President	
Signature:			_
Printed Name: Dr. R	laksha Taubeh	Title: Vice President	
Signature:			
Printed Name:	-	Title:	
Signature:			
Printed Name:		Title:	
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
If Florida Corpora Signature of Chairn	<mark>ation:</mark> nan, Vice Chairman, Directo	r, or Officer.	
If Directors or Offic	cers have not been selected,	an Incorporator must sign.	
If Florida General Signature of one Ge	Partnership or Limited Li eneral Partner.	ability Partnership:	
If Florida Limited Signatures of ALL		ability Limited Partnership:	
All others: Signature of an auth	norized person.		2 + 2 2 + 2 2 + 2 2 + 2
Fees:			SSE

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR	AT LONDA LIMITED CIAD	IBITT COMPANI
ARTICLE I - Name: The name of the Limited Liability Company	/ is:	
SATTAR REMODELING, LLC		
(Must contain the words "Limited Lic	ability Company, "L.L.C.," or "LLC.")	<u> </u>
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
11054 Wurdermanns Way	11054 Wurdermanns Way	
Orlando, Florida 32825	Orlando, Florida 32825	
The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t		ndividual or another
Hadi Taubeh		
	ame	
11054 Wurdermanns Way		
Florida street address (P.O. Box <u>NOT</u> acceptable)	
Orlando	FL 32825	
City	Zip	
Having been named as registered agent ar liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comples accept the obligations of my position as Registered Agent's Segistered	ed in this certificate, I hereby acc pacity. I further agree to compl ete performance of my duties, an	cept the appointment as v with the provisions of all ad I am familiar with and
		> <u>~</u>
(CONT	ΓINUED)	FILED 9 NOV -5 PM IO: 23 EGRETAN A LIABO. LLABASSITE FLORIDA

ARTICLE IV-

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

<u>Title:</u>	Name and Address:				
"AMBR" = Authorized Member					
"MGR" = Manager					
MGR	Hadi Taubeh				
	11054 Wurdermanns Way				
	Orlando, Florida 32825				
	=				
	V 2				
	- ディー - ディ				
	- : - : : : : : : : : : : : : : : : : :				
	<u> </u>				
(Use attachment if necessary)					
(Coo minoring)	23				
CLE V: Other provisions, if any.					
· · · · · · · · · · · · · · · · · · ·					
<u>REQUIRED</u> 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 ment to the Department of State constitutes a third degree felony				
as provided for in s.817.155, F.S.	ment to the Department of State constitutes a time degree telony				
Hadi Taubeh					
T V	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)