L19000304321

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer	
<u> </u>		

Office Use Only



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SECRETARY OF STATE
HILLO

COVER LETTER

TO: New Filing S Division of C				
SUBJECT: To char				
	(Name of Res	ulting Florida Limit	ed Com	pany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
AHMED NAZIA				
	(Contact Person)			
NAZ3 ENTERPRISE	SINC			
	(Firm/Company)			
19322 PADDOCK V	IEW DR	4.194		
	(Address)			
TAMPA, FL 33647				
(1	City, State and Zip Code)	· -	-	
saeed_ahmed74@h	otmail.com			
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter, please call:		
AHMED NAZIA		at (727	,317-	7227
(Name of Conta	ect Person)		(Day	time Telephone Number)
	for the following amou a bank located in the		rocess	sed 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 and Certified Cop		Certified Copy, and Certificate of Status
Mailing Add	ress:		Street	Address:
New Filing S	ection		New I	Filing Section
Division of C	•			on of Corporations Tentre of Tallahassee
P.O. Box 632 Tallahassec.				N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

	(Enter Name of Other Business Entity)		
2.	The "Other Business Entity" is a CORPORATION P16-94766 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or bus	iness t	rust, etc.
	st organized, formed or incorporated under the laws of FLORIDA		
	(Enter state, or if a non-U.S. entity, the name of the	count	ry)
on	11/29/2016		
	(date of organization, formation or incorporation)		
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization of the Florida Limited Liability Company as set forth in the attached Articles of Organization of the Florida Limited Liability Company as set forth in the attached Articles of Organization of the Florida Limited Liability Company as set forth in the attached Articles of Organization of the Florida Limited Liability Company as set forth in the attached Articles of Organization of the Florida Limited Liability Company as set forth in the attached Articles of Organization of the Florida Limited Liability Company as set forth in the attached Articles of Organization of the Indiana Company and Indiana Company as set forth in the attached Articles of Organization of the Indiana Company and Indiana Company as set for the Indiana Company and Indiana Company a	ganiz	ation:
NΑ	Z3 ENTERPRISES LLC		
	(Enter Name of Florida Limited Liability Company)		
4.	If not effective on the date of filing, enter the effective date:		
(T	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calenda	r day	s after
Not	e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sument's effective date on the Department of State's records.	listed	as the
5. 1	The plan of conversion has been approved in accordance with all applicable statutes.		
	The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	e am	ount to
		19 BEC 20	JO ROISIAIC VI JADJS

Signed this 19th day of December	20 19
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: NAZIA AHMED	Title: OWNER
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature	
Signature: Almed Printed Namo: Nazia Ahned	Title: OWNER
Signature:	
Printed Name:	
0.	
Signature: Printed Name:	Title:
Signature:	Tal
Printed Name:	Titte:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabilit	n Partnership
Signature of one General Partner.	y rateller ship.
ICTO 11 11 12 15 15 15 15 15 15 15 15 15 15 15 15 15	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Centificate of Status.	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	iability Company	is:		
NAZ3 ENTERPRISES LLC (Must contain	the words "Limited Liab	oility Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the	principal of	fice of the Limite	ed Liability Company is:
Principal Office Address:		Mailing	g Address:	
19322 PADDOCK VIEW DR		19322 P	ADDOCK VIEW DR	
TAMPA, FL 33647		TAMPA,	FL 33647	•
ARTICLE III - Registere (The Limited Liability Company car business entity with an active Flori The name and the Florida s NAZIA A	inot serve as its own Rej da registration.) treet address of the	gistered Agent.	You must designate an	ent's Signature: individual or another
	Nai	me		SECH VISION
19322 P	ADDOCK VIEW DR			7.20
Florida street address (P.O. Box NOT acceptable)				
	TAMPA	FL	33647	T: 03
	City		Zip	03 11034
liability company at the registered agent and agre statutes relating to the p	e place designated e to act in this capo roper and complet	' in this certif acity. I furth e performant	icate, I hereby acc er agree to compl ce of my duties, ar	or the above stated limited rept the appointment as by with the provisions of all am familiar with and or in Chapter 605, F.S.

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	NAZIA AHMED	
	19322 PADDOCK VIEW DR	
	TAMPA, FL 33647	
	ANNA	
		\mathbf{C}
		22
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(Use attachment if necessary)		 - -
•		_
ICLE V: Other provisions, if any.		
TODE V. Odici provisions, if any.		.
VALUE 1 - 1-745-4 - 1-110-110-1		
REQUIRED SIGNATURE:		
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awaiment to the Department of State constitutes a third degree	re that felony
NATA 419450	Amed	
NAZIA AHMED		
Ту	yped 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)