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(Re	equestor's Name)	` .
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PICK-UP	TIAW	MAIL
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Certified Copies	ertified Copies Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only

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T. SCOTT



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COVER LETTER

TO: New Filing Division of	; Section f Corporations			
SURJECT:	SOLIMA	NS GR	ROUP LLC	
30B0EC1	SOUMA (Name of Res	ulting Florida Limi	nited Company)	
The enclosed Artic Business Entity" is	cles of Conversion, Articl nto a "Florida Limited Li	es of Organizati ability Company	ation, and fees are submitted to convert an "Ot ny" in accordance with s. 605.1045, F.S.	her
Please return all co	orrespondence concerning	g this matter to:):	
5\	(Contact Person)	Υ		
	(Firm/Company)		_	
27		HIRE A	TVE.	
	(Address) (Address) A.M. H. ART (City, State and Zip Code) A.M. & g.M.Q. o be used for future annual rep	30R FL	_34685	
E-mail Address: (1	o be used for future annual rep	oot notifications))	
For further inform	ation concerning this mat	ter, please call:	l:	
(Name of Co	JIA FAHINY ontact Person)	_at () 412-0922 de) (Daytime Telephone Number)	
Enclosed is a chec		nt: (All checks p	s processed by this office must be payable in U	JS
\$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)	and Certificate of Status	\$180.00 Filing and Certified Cop		
Mailing Ad New Filing Division o P.O. Box 6	g Section f Corporations		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: SOUNANS GROUP INC. (Enter Name of Other Business Entity)
(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 12 05/13 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SOLIMANS GROUP LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: i/t/2020. (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.

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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 AMBR ___ 2732 WILTSHIRE AVE. PAUN HARBOR FL SHERIF SOLIMAN 2732 WILTSHIRE HARBOR FL PAUN (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 s.817.155, F.S.

SYLVIA FAHINY

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "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: Mailing Address:
PALM HARBOR FL 34685 PARM HARBOR FL 34685
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:
SYLVIA FAHMYName
Name
Florida street address (P.O. Box NOT acceptable)
PAIN HARROR FL 34685 City 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Signed this 10 day of JANUARY 20 20. Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: SYLVIA FAHMY -Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Printed Name: SHERIF SOLIMAN Title: VICE PRESIDENT Signature: _____ Printed Name: ______ Title: _____ Signature: Printed Name:______ Title:_____ 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 \$30.00 (Optional) Certified Copy: Certificate of Status: \$5.00 (Optional)