# L200 0004 9371

(Re	questor's Name)	
(	,	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	<del>  </del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
. <u> </u>		

Office Use Only



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10 O'KEEFE 1 1 2020

W20-9632



January 30, 2020

BRIAN A. MILLS BRIAN A. MILLS, P.A P.O. BOX 1239 WINTER PARK, FL 32790

SUBJECT: LONGZAI, LLC Ref. Number: W20000009632

We have received your document for LONGZAI, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

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SLUAGIAN IN THE PRINCE PRINCE
STORE THE PRINCE PRINC

Letter Number: 620A00002250

#### COVER LETTER

то	New Filing S Division of C				
SUB.	JECT: Longza	ii, LLC			
			sulting Florida Limi	ted Con	npany)
			_		d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Brian	A. Mills				
		(Contact Person)		_	
Brian	A. Mills, P.A.				
		(Firm/Company)		_	
P.O.	BOX 1239				
		(Address)		_	
Winte	er Park, FL 327	90			
	(	City, State and Zip Code)		_	
brian	@bamills-law.c	com ·			
E-r	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	irther informati	on concerning this ma	tter, please call:		
Brian	A. Mills		_at (407	796-	2842
	(Name of Conta	act Person)		) (Day	time Telephone Number)
		for the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S		•		Address: Filing Section
	Division of C				on of Corporations
	P.O. Box 632	7		The C	entre of Tallahassee
	Tailahassee. l	FL 32314		24151	N. Monroe Street, Suite 810

Tallahassee, FL 32303

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# 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:
Longzai, Inc.  (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 12/26/2002 (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Longzai, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: December 31, 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.

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Signed this 31st day of December	2019	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: Printed Name: Johnny Tung	77926 1438 1457 Manager	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: The Printed Name: Johnny Tung  Printed Name: Johnny Tung		
Signature: Jimmy Tong 167	Title: Vice President, Director, Secretary, and	d Shareholder
Signature:Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili	corporator must sign.	
Signature of one General Partner.  If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	<del></del>	
All others: Signature of an authorized person.		20 FE SLUM TALLA
Fees:		EB 12
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	PH I2: 38

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FI		LIMITED L	IABILH Y COMPANY
The name of the Limited Liability Company is	:		
Longzai, LLC			
(Must contain the words "Limited Liabili	ty Company,	"L.L.C.," or "LLC.	")
ARTICLE II - Address:			
The mailing address and street address of the p	rincipal o	ffice of the Lin	nited Liability Company is:
Principal Office Address:	Mailin	g Address:	
151 S Orange Avenue	P.O. Bo	x 3831	
Orlando, FL 32801	Orlando	, FL 32801	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the incompany cannot serve as its own Registration.	tered Agent.	You must designate	Agent's Signature: ean individual or another
Johnny Tung			_
Name	c		
151 S Orange Avenue			
Florida street address (P.O	. Box <u><b>NC</b></u>	T acceptable)	-
Orlando	FL	32801	
City		Zip	-
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as registered the obligations of my position as Registered Agent's Signature.	this certifity. I furth performan gistered ag per:	ficate, I hereby her agree to con ice of my duties gent as provided	accept the appointment as mply with the provisions of all , and I am familiar with and
(CONTIN	UED)		FILE! FEB 12 PM 12 GALLASSEELTE

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- 1	D.	11	ľ		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 — Manager	Johnny Tung
	151 S Orange Avenue
	Orlando, FL 32801
•	
	<u> </u>
	S:
Use attachment if necessary)	j.
	<u> </u>
LE V: Other provisions, if any.	<b>三</b>
21. V. Other provisions, it any.	)- 
REQUIRED SIGNATURE:	- DocuSigned by:
(	70 £ 4
L L	-73E79283A48345F
Signature of a member or a	an authorized representative of a member
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am awar
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am awar
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Johnny Tung	with section 605.0203 (1) (b), Florida Statutes. I am awar nent to the Department of State constitutes a third degree
This document is executed in accordance any false information submitted in a docume as provided for in s.817.155, F.S.  Johnny Tung	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awar nent to the Department of State constitutes a third degree ped or printed name of signee  Filing Fees

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)