

(Requestor's Name)		
(Address)		
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

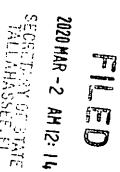
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 18, 2020

KAREN VOSGANIAN 8897 BANYAN COVE CIRCLE FORT MYERS, FL 33919

SUBJECT: JASI & CO, LLC Ref. Number: W20000016685

We have received your document for JASI & CO, 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):

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Keyna E Page Regulatory Specialist II

2020 HAP: - 2

Letter Number: 420A00003554

1HAP -2 PH 12: 44

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: JASI LUXE, LLC	
	e of Resulting Florida Limited Company)
	Articles of Organization, and fees are submitted to convert an "Other nited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence cor	cerning this matter to:
Karen Vosganian	
(Contact Perso	1)
JASI LUXE, LLC	
(Firm/Compan	$\overline{\alpha}$
8897 Banyan Cove Circle	
(Address)	
Fort Myers, FL 33919	
(City, State and Zip	Code)
kvosganian@gmail.com	
E-mail Address: (to be used for future a	nnual report notifications)
For further information concerning	his matter, please call:
Karen Vosganian	at (239) 634-7800 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the followin dollars and drawn on a bank located	g amount: (All checks processed by this office must be payable in US in the United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing and Certificate of Status	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 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.

JASI & CO., LLC (Enter Name of Other Business Entity)
The "Other Business Faster" is a limited liability company
. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
June 1, 2018
(date of organization, formation or incorporation)
. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
IASI LUXE, LLC
(Enter Name of Florida Limited Liability Company)
The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after he date this document is filed by the Florida Department of State.) [ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records. 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 amount to
which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.
TALE ANASSEE, FL

Signed this 26th	day of February	20 20 .	
		Limited Liability Compa	ny:
Signature of Author	rized Representatives <u>K</u> Vosganian	aren VII	
Printed Name: Karen	Vosganian	Title: Member	_
Signatura(s) or bob		ity: See below for require	
Signature: Next	Vacantian	ent a Manakan	
Printed Name: Karen	vosganian	Title: Member	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
a.			
Signature:		Title:	
rtinted Name:		rme:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	· · · · · · · · · · · · · · · · · · ·
If Florida Corporat	t <mark>ion:</mark> an, Vice Chairman, Directo	or, or Officer.	
	ers have not been selected,		
If Florida General Signature of one Gen	Partnership or Limited L neral Partner.	iability Partnership:	
If Florida Limited I Signatures of ALL C		iability Limited Partnershi	<u>p:</u>
All others: Signature of an author	orized person.		
Fees:			

\$25.00

\$125.00

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

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	ny is:	
JASI LUXE, 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 Limit	ted Liability Company is:
Principal Office Address:	Mailing Address:	
JASI LUXE, LLC	JASI LUXE, LLC	
8897 Banyan Cove Circle	8897 Banyan Cove Circle	9
Fort Myers, FL 33919	Fort Myers, FL 33919	
The name and the Florida street address of	f the registered agent are:	
Karen Vosganian		
	Name	
8897 Banyan Cove Circ	le	
Florida street address	(P.O. Box NOT acceptable)	
Fort Myers	FL 33919	
City	Zip	
	ited in this certificate, I hereby a capacity. I further agree to com plete performance of my duties, i	iccept the appointment as ply with the provisions of all and I am familiar with and

ARTICLE IV-

as provided for in s.817.155, F.S.

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Karen Vosganian
	8897 Banyan Cove Circle
	Fort Myers, FL 33919
AMBR	Jennifer Duffy
	4021 Park Avenue
	Fairfield, CT 06825
	
(Use attachment if necessary)	
(Ose attachment it necessary)	
CLE V: Other provisions, if any.	w si
Cizi. V. Other provisions, ir arry,	
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)	PC N
REQUIRED SIGNATURE:	ω_{i} .
REQUIRED SIGNATURE.	AM 12:
· Van M	
- AMUN V	
	ra 🗗
Signature of a member or	an authorized representative of a member
any false information submitted in a docur	with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony

Karen Vosganian

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)