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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		





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W20-16574



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2020

ROBERT MOSKO ALBASTONES, INC. 2506 MIDDLETON GROVE DR. BRANDON, FL 33511

SUBJECT: ALBASTONES, LLC Ref. Number: W20000016574

We have received your document for ALBASTONES, LLC and your check(s) totaling \$185.00. 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

Letter Number: 520A00003526

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COVER LETTER

TO: New Filing Section Division of Corpor		
SUBJECT: ALBA	STONES (Name of Resulting Florida Lin	nited Company)
	(isame of Resulting Florida Lin	med Company)
		ntion, and fees are submitted to convert an "Other ny" in accordance with s. 605.1045, F.S.
Please return all correspor	dence concerning this matter to	:
ROBERT MO	Sko	<u> </u>
ALBASTONES J	NC.	
2506 MIDDLETON	rm/Company)	
	(Address)	_
BRANDON; FL	, 33511	<u> </u>
_		
ROBERTMOSKO 9 E-mail Address: (to be used	for future annual report notifications)	
For further information co	ncerning this matter, please call	:
ROBERT MOSK	o at (65 (Area Cod	, 886-8790
(Name of Contact Per	son) (Area Coc	(Daytime Telephone Number)
	e following amount: (All checks nk located in the United States)	processed by this office must be payable in US
	155.00 Filing Fees S180.00 Filing Certificate of and Certified Cons	
Mailing Address:		Street Address:
New Filing Section		New Filing Section
Division of Corpor P.O. Box 6327	auons	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: ALBASTONES, INC.
ALBASTONES, 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 $\frac{9-13-2018}{\text{(date of organization, formation or incorporation)}}$
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
A LBASTO NES 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.
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Signed this 17 day of 7ANUARY	20_20			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative: John Printed Name: ROBERT MOSKO	1 Toske Title: SE GETARY			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]			
Signature: New York Printed Name: APION MUCAT	Title: PESIDENT			
70 () 1/2 ()	Title: VILE PRESIDENT			
Signature: 16ket Nollo Printed Name: ROBERT MOSKO	Title: TREASURER I SECRETARY			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	tv Partnership:	; •	2011	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	v Limited Partnership:			 =
All others: Signature of an authorized person.			ි. ම	IJ
Fees:		2.5	S	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
A LBASTONES, UC (Must contain the words "Limited Liability Contains the words")	тралу,	"L.L.C.," or "LLC.	·')	_	
ARTICLE II - Address: The mailing address and street address of the princi	ipal of	fice of the Lim	nited Liability	y Comp	oany is:
Principal Office Address:	/ailin	g Address:			
2506 MIDDLE TON GROVE DRIVE 2 BRANDON, FL 33511	506 3FA M	MIDDLE 70 VDDN, FL	N GROVE 33511	_02:V	E
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ffice, d Agent.	& Registered A You must designate	Agent's Sign an individual or	ature:	
The name and the Florida street address of the regis	stered	agent are:			
Registered Agents Inc.					
Name			•		
7901 4th St N STE 300					
Florida street address (P.O. Bo	x <u>NO</u>	T acceptable)	•		
St. Petersburg	FL	33702			
City		Zip	•		
Having been named as registered agent and to acceptability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete performance accept the obligations of my position as register.	s certij I furtk orman	ficate, I hereby ner agree to cor ce of my duties	accept the ap nply with the , and I am far	ppointm provisi niliar w	ent as ions of all vith and
Bee Home					
Registered Agent's Signatur	re (RE	QUIRED)	- :		20
(CONTINUE)	D)		: : :	; - · · · · · · · · · · · · · · · · · ·	

ARTICLE IV-	
The name and address of each person Company:	authorized to manage and control the Limited Liability
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager PRESIDENT	ARION MUCAJ 3300 FOX CHASE GR UNIT 235 PAUT HARBOR, FL 34683
VICE PRESIDENT	ILIRJAN MERTIRI 3335 FOY HUNT PRIVE PALM HARBOR, FL 34683
PREASURER SECRETARY	ROBERT MOSKO 2506 MIDDLETON GROVE DRIVE BRANDON, FL 33511
(Use attachment if necessary)	20
RTICLE V: Other provisions, if any.	

REQUIRED SIGNATURE:

A

Signature of a member on a such as it

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.

ROBERT MOSKO

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)