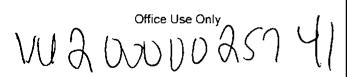
# 12000096887

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

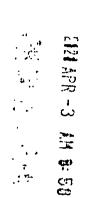


123 0 7 1010 T. SCOTT



500340942555

02/21/22-01022--018 \*\*180.13





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2020

MINH-THU NGUYEN 16621N 5TH AVE E BRADENTON, FL 34212

SUBJECT: MTN MD, LLC Ref. Number: W20000025741

We have received your document for MTN MD, 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 Certificate of Conversion must be signed by an authorized person.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 320A00005280

2020 APR -3 AH 10: 13

### **COVER LETTER**

Division of C	orporations		
SUBJECT:	MTN (Name of Res	MD, LLC	
	(Name of Res	ulting Florida Limited Co	ompany)
		•	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Minh-Thu	Nguy en (Contact Person)		
MTN	MD Inc		
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
110621	Sin Ame E.		
	Sth Ane E. (Address)		
Bradenton	FL 34212 City, State and Zip Code)		
((	City, State and Zip Code)		
m4ng uye	n e gmail. Lon e used for future annual re	·	
E-mail Address: (to b	e used for future annual rep	port notifications)	
For further information	on concerning this ma	tter, please call:	
Minh-Thu	Nguyen	at (lelb)	S66-8791 sytime Telephone Number)
(Name of Conta	ici Person)	(Area Code) (Da	rytime Telephone Number)
	or the following amou a bank located in the		ssed 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 Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:	Stre	et Address:
New Filing S			Filing Section
Division of C P.O. Box 632	•		sion of Corporations Centre of Tallahassee
r.O. DOX 032	1	i ne	Cenue of Tananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

**TO:** New Filing Section

# **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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Nw Jusey (Enter state, or if a non-U.S. entity, the name of the country)
on 3/2016 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  MTN MD 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.

Signed this day of February	_2020			
Signed this	ted Liability Company:			
Signed this				
Signature of Authoria Representative:	the thing the			
Printed Name:	_ little: PYESI (DE)(#			
_n behalf of Other Business Entity;	See below for required signature(s)			
Signatu Mul-Juni	_Title:president / chairm			
cied Name: Minh-Thy Nghuan	Title: president / charm			
3 0				
Signature: Printed Name:	Title			
Timed Name.				
Signature:				
Printed Name:				
Signature:				
Signature:Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
IEFE II Comment on				
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.	ty rattuersuip.			
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
All others: Signature of an authorized person.				
Signature of all authorized person.				
Fees:				
Articles of Conversion:	\$25.00			
Fees for Florida Articles of Organization:	\$125.00			
Certified Copy:	\$30.00 (Optional)			
Certificate of Status:	\$5.00 (Optional)			

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim		oany is:			
	MTN contain the words "Limite	MD	LLC		
(Must	contain the words "Limite	d Liability Co	ompany, "L.L	.C.," or "LLC."	)
ARTICLE II - Add The mailing address		f the princ	ipal office	e of the Lim	ited Liability Company i
Principal Office Ad	dress:	N	Aailing A	ddress:	
Braduton	Ave 5 FL 34212	<del></del>	20	<del>L</del> ne	
ARTICLE III - Reg (The Limited Liability Com- business entity with an act	ipany cannot serve as its o				
The name and the Fl	orida street address	of the regi	stered age	nt are:	
-	Minh-n	Name	juy en		
	16621 St	h Ave	E.		
_	Florida street addre			cceptable)	
	Bradenton		FI	3421	2_
<del>-</del>	Bradenton City	·· <del>·······</del>	<u> </u>	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
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(Use attachment if necessary)	
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(Use attachment if necessary)  LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.	n Gym
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	u ym
REQUIRED SIGNATURE:  Signature of a member or a	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am award
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am award
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes. I am award nent to the Department of State constitutes a third degree f
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes. I am award nent to the Department of State constitutes a third degree f
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes. I am awar

# **COVER LETTER**

	New Filing S	Section Corporations			
		•	M		
SUBJE	CT:	MTN (Name of Re	sulting Florida Limite	- rd Comr	nany)
			_	-	
The enc Busines	closed Articless Entity" int	es of Conversion, Artic o a "Florida Limited Li	les of Organization in the company i	on, and "in acc	fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please r	return all cor	respondence concernin	g this matter to:		
i	Minh-Thu	Nguy ey (Contact Person)			
<del></del>	Pith	(Firm/Company)			
	16621	Sin Ame E. (Address)			
	Bracerton	(City, State and Zip Code)			
E-ma	il Address: (to	be used for future annual re	port notifications)		
For furt	ther informat	tion concerning this ma	tter, please call:		
	linh-Thu	Nguyên tact Person	at ( lab	) 5	66-8791
·	(Name of Con	tact Person)	(Area Code)	(Dayti	ime Telephone Number)
		for the following amount a bank located in the	•	rocesse	ed by this office must be payable in US
(\$25 for	00 Filing Fees Conversion for Articles ization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing Division of		Ī	New F	Address: iling Section on of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314