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(Requestor's Name)	
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PICK-UP WAIT N	1 AIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Khrolbass. (Name of Resu	Corry L C ulting Florida Limited Company)
	es of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	this matter to:
SORCI Jacq (Contact Person) Khalbass com Lh (Firm/Company)	1169
854 NW 204 SEPE (Address)	<u>20t</u>
Miami FL 3316 (City. State and Zip Code)	9
Le Ros OH Q Yahao. C E-mail Address: (to be used for future annual rep	Comport notifications)
For further information concerning this mat	ter, please call:
Sore Jacques (Name of Contact Person)	at (305)360 6833 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amoundollars and drawn on a bank located in the U	nt: (All checks processed by this office must be payable in US Juited States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{array}{l} \$155.00 Filing Fees and Certificate of Status \end{array}	□S180.00 Filing Fees and Certified Copy □S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section	Street Address: New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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.

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 <u>COR DO ROFION</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FIOR ida (Enter state, or if a non-U.S. entity, the name of the country)
on 08/04/2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Khalbass-com 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	<u>· 20</u>
Signature of	Authorized Representative of Lim	ited Liability Company:
Signature of a	Authorized Representative: Ale	1 Course St.
Printed Name:	_SOREL TUCALES	Title: TRESIDENT
		,
Signature(s) o	on behalf of Other Business Entity:	[See below for required signature(s)]
Siamatura &	emale la	
Printed Name:	Somara Jacque	Title: MGR
Signature: 🕖	nn-lind Jacques	Title: MGR
Printed Name:	Ang-Cipaly Jadrueis	Title: _MC_R
Printed Name:	osette Marie Suran	Kride: MGR.
Signature:	Michael	.4.4.3
Printed Name:	MICHAEL CHRISTOPHER ONCOL	vestide: NGR
Signature: <	1 5 W	
Printed Name:	Sokel Jaraves	Title: PResident.
•		
Signature:		201.1
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:
If Florida Cor	poration:	
	hairman, Vice Chairman, Director, or	Officer.
If Directors or	Officers have not been selected, an Ir	corporator must sign.
If Florida Con		ita Dautnavskin
	<u>neral Partnership or Limited Liabil</u> ne General Partner.	ity t arthership.
<u>If Florida Lin</u>	nited Partnership or Limited Liabili	ity Limited Partnership:
Signatures of <u>A</u>	ALL General Partners.	
All others:		
Signature of an	authorized person.	
Č	•	!
Fees:		
, · · ·	s of Commissions	\$25.00
	s of Conversion: or Florida Articles of Organization:	\$25.00 \$125.00
	ed Copy:	\$30.00 (Optional)
	cate of Status:	\$5.00 (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.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Cor	npany is:
Principal Office Address: Mailing Address:	
354 NW 204 Street 854 NW 204 Street Miami FL 33169 Miami Fl 33169	
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:	
Sorel Jacques Name	
854 NW 204 SERECE Florida street address (P.O. Box NOT acceptable)	
Miami FL 33169 City Zip	
Having been named as registered agent and to accept service of process for the above sta- liability company at the place designated in this certificate, I hereby accept the appoin registered agent and agree to act in this capacity. I further agree to comply with the prov- statutes relating to the proper and complete performance of my duties, and I am familian accept the obligations of my position as registered agent as provided for in Chapter 60	tment as isions of all r with and

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager MGR. Somaro Jacques 754 NW 204th Sizes Migm: FL 33169 Ann Cindy Jacques F54 NW 204th Sizes Migm: FL 33169 Migm: FL 33161 Josette Jacques Styl NW 204th Sizes Migm: FL 33161 Josette Jacques Styl NW 204th Sizes Migm: FL 33169 LE V. Other provisions, it was 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 any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees S125.00 Filing Fee for Articles of Organization and Designation of Registered	Title:	Name and Address:
MGR. Somato Jacques 154 NW 304H Sucet Migm: FL 33169 MGR. Ann. Cindy Jacques 154 NW 204th Street Migm: FL 33169 Michael Jacques 154 NW 204th Sucet 1554 NW 204th Sucet 1555 Note of a member 1555 Note of a member of an authorized representative of a member 1556 document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155. F.S. Typed or printed name of signee 1554 NW 204th Sucet 1554 NW 204	"AMBR" = Authorized Member	
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