

L20000169014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

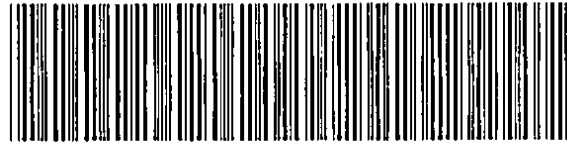
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2020 MAY 22 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

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N CULLIGAN

JUN 24 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 05/22/2020

****WALK IN****

ENTITY NAME MOSSA PROPERTIES LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX _____

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$150.00

ACCOUNT #: I20160000072

E R JH

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2020

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: MOSSA PROPERTIES LLC
Ref. Number: W20000051185

CORRECTED
Please Allow For
Same File Date

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

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 420A00010442

2020 JUN 23 PM 1:08

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2020 MAY 22 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FL

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:
Mossa Properties LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Minnesota
(Enter state, or if a non-U.S. entity, the name of the country)

on May 23, 2019
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Mossa Properties 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 22nd day of May 2020.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Ella Mossa
Printed Name: Ella Mossa Title: President

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Ella Mossa
Printed Name: Ella Mossa Title: Authorized Representative

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an 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
OF
MOSSA PROPERTIES LLC**

The undersigned hereby certifies the following for purposes of forming a limited liability company under the laws of the State of Florida. The following Articles shall be the charter and authority for the conduct of business of such limited liability company.

**ARTICLE I
NAME**

The name of the limited liability company is Mossa Properties LLC.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the limited liability company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
694 Ogelthorpe Drive Davenport, FL 33897	694 Ogelthorpe Drive Davenport, FL 33897

**ARTICLE III
INITIAL REGISTERED AGENT**

The name and street address of the initial registered agent are:

Ella Mossa
694 Ogelthorpe Drive
Davenport, FL 33897

SECRETARY OF STATE
TALLAHASSEE, FL

2020 MAY 22 PM 1:25

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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 in Chapter 605, F.S.

DocuSigned by:
Ella Mossa
Registered Agent's Signature: Ella Mossa

ARTICLE IV
MANAGEMENT

The name and address of each person authorized to manage and control the limited liability company:

<u>Title:</u>	<u>Name and Address:</u>
Manager	Ella Mossa 694 Ogelthorpe Drive Davenport, FL 33897
Investment Manager	Sara Mazen Shafaq Albraik JBR Bahar I Dubai UAE
Authorized Member	The 2019 Mossa Exempt Family Trust 694 Ogelthorpe Drive Davenport, FL 33897

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.

DocuSigned by:

Ella Mossa

Ella Mossa, Authorized Representative

SECRETARY OF STATE
TALLAHASSEE, FL

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