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(Re	equestor's Name)			
(Address)				
(Ad	ddress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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Office Use Only

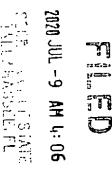
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June 25, 2020

ARMAAN SHAVIRI 2181 VARDIN PLACE NAPLES, FL 34120

SUBJECT: ARMAAN SHAVIRI & CO. LLC

Ref. Number: W20000057316

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

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

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

Letter Number: 720A00012601

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2020

ARMAAN SHAVIRI 2181 VARDIN PLACE NAPLES, FL 34120

SUBJECT: ARMAAN SHAVIRI & CO. LLC

Ref. Number: W20000057316

We have received your document for ARMAAN SHAVIRI & CO. LLC and your check(s) totaling \$128.75. 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.

There is a fee of \$21.25 due.

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

Letter Number: 820A00011336

www.sunbiz.org

DO DOUGOOR DUI

COVER LETTER

TO:	New Filing S Division of C				
SUB.	JECT: ^{ARMAAI}	N SHAVIRI & CO LLC			
		(Name of Re	sulting Florida Lin	ited Cor	npany)
The o	enclosed Article ress Entity" into	s of Conversion, Artic o a "Florida Limited L	les of Organiza iability Compar	tion, an ıy'' in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
ARM	AAN SHAVIRI				
		(Contact Person)		_	
ARM.	AAN SHAVIRI &	CO LLC			
		(Firm/Company)			
2181	VARDIN PLACE				
		(Address)		_	
NAPL	ES, FL 34120				
	(1	City, State and Zip Code)		_	
ARM	AAN@SHAVIRI.0	СОМ			
E-	mail Address: (to b	e used for future annual re	port notifications)	_	
For i	urther informati	on concerning this ma	tter, please call:		
ARM	AAN SHAVIRI		_at (<u>845</u>	,499-6	6344
	(Name of Conta	act Person)	(Area Code	:) (Day	6344 vtime Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 f	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add				t Address:
	New Filing SDivision of C				Filing Section
	P.O. Box 632				ion of Corporations Centre of Tallahassee
	Tallahassee, l				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.

ARMAAN SHAVIRI & COLLC
(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.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
3/15/2005 en
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ARMAAN SHAVIRI & CO 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
locument's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
5. 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 1 day of JULY	20 20
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Printed Name: ARMAAN SHAVIRI	Title: AUTHORIZED MEMBER
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)
Signature: Amoun Sharin' Printed Name: ARM AAN SHAVIAI	Title: AUTHORIZED MEMBER
Signature:Printed Name:	
Signature: Printed Name:	
Signature: Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Incompared to the Chairman of Chairman, Director, or Officers have not been selected.	Pfficer.
If Florida General Partnership or Limited Liability Signature of one General Partner.	<u> Partnership:</u>
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

\$30.00 (Optional)

Certified Copy: Certificate of Status:

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1	- Name:		
	he Limited Liability Company	y is:	
ADAMA ANI CUA	V/D1 9 CO L1 C		
AKMAAN SHA	VIRI & CO LLC (Must contain the words "Limited Li	ability Company, "L.L.C.," or "L	LC.")
ARTICLE II The mailing a		e principal office of the I	Limited Liability Company is:
Principal Off	ice Address:	Mailing Address:	
2181 VARDIN	PLACE	2181 VARDIN PLAC	E
NAPLES, FL 3	34120	NAPLES, FL 34120	
(The Limited Liab business entity w	I - Registered Agent, Registorility Company cannot serve as its own bith an active Florida registration.) I the Florida street address of t	tegistered Agent. You must desig	
	ARMAAN SHAVIRI		
		ame	
	2181 VARDIN PLACE		
	Florida street address (P.O. Box <u>NOT</u> acceptabl	le)
	NAPLES	FL 34120	
	City	Zip	***
liability registered a statutes re	company at the place designate gent and agree to act in this collating to the proper and complete obligations of my position as	ed in this certificate, I here upacity. I further agree to ete performance of my du s registered agent as prov	comply with the provisions of all- ties, and I am familiar with and
		Signature (REQUIRED) FINUED)	ELECTIVE SEED AND SEE

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	ARMAAN SHAVIRI 2181 VARDIN PLACE NAPLES. FL 34120
	2020 5:
(Use attachment if necessary)	
TICLE V: Other provisions, if any.	SSE F
REQUIRED SIGNATURE:	
Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony
ARMAAN SHAVIRI	ped 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)