

(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:





500346841475

10/01/20--01015--012 \*\*185.00

2020 OCT - 1 PK 12: 05

# **COVER LETTER**

TO:	New Filing Se Division of Co				
SHB.	JECT: Bytechek	. LLC			
300		(Name of Res	ulting Florida Limi	ted Con	npany)
					d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concernin	g this matter to:		
Alexa	ander J. Yawn				
		(Contact Person)		=	
Byted	chek, Inc.				
		(Firm/Company)		-	
1663	0 Sw 6th St				
-		(Address)		-	
Pemb	broke Pines, FI 33	027			
	(C	City, State and Zip Code)		-	
ayaw	n@ bytechek.com				
E-	mail Address: (to be	e used for future annual re	port notifications)	_	
For fi	urther information	on concerning this ma	tter, please call:		
Alexa	ander J. Yawn		at ( 404	3864	452
	(Name of Conta	ct Person)	_	) (Day	time 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 for Conversion for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		■\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Addr	ress:		Street	t Address:
	New Filing So				Filing Section
	Division of Co P.O. Box 632	•			ion of Corporations Centre of Tallahassee
	Tallahassee, F				N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### **Articles of Conversion**

For

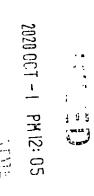
# "Other Business Entity"

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.

Bytechek, 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, e	c.
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
02/11/2020 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the <b>attached Articles of Organization</b> Bytechek, 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.	r
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 t which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.	3



Signed this 28	day of September	20_20
Signature of Auth	orized Representative of Limi	ted Liability Company:
Signature of Author	orized Representative:	
Printed Name: Alexa	ander Yawn	Title: CEO
		See below for required signature(s)
Signature:		
Printed Name: Alexa	ander J. Yawn	Title: Chairman/CEO
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Printed Name:	788.744	Title:
Simpoture		
Drintad Mama:		Title:
r intect ivanie.		110c
If Florida Corpora	ation:	
Signature of Chairn	nan, Vice Chairman, Director, or	Officer.
If Directors or Office	eers have not been selected, an In-	corporator must sign.
If Florida General	Partnership or Limited Liabili	ty Partnership:
Signature of one Go	eneral Partner.	<del>-</del>
If Florida Limited	Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL		<u> </u>
All others:		
Signature of an auth	norized person.	
<u>Fees:</u>		
Articles of	Conversion:	\$25.00
Fees for Flo	orida Articles of Organization:	\$125.00
Certified C	9	\$30.00 (Optional)
Certificate	• •	\$5.00 (Optional)

### Y

ARTICLE 1 - Name:		
The name of the Limited Lia	oility Company is:	
Bytechek, LLC.		
(Must contain the	words "Limited Liability Company, "L.L.C.," or "LL	C.")
ARTICLE II - Address: The mailing address and stre	t address of the principal office of the Li	imited Liability Company is:
Principal Office Address:	Mailing Address:	
936 SW 1st Ave #376	936 SW 1st Ave #376	5
Miami, FI 33130	Miami, FI 33130	
	Marii, 1100100	
ARTICLE III - Registered (The Limited Liability Company cannot business entity with an active Florida	Agent, Registered Office, & Registered t serve as its own Registered Agent. You must design	
ARTICLE III - Registered (The Limited Liability Company cannot business entity with an active Florida	Agent, Registered Office, & Registered t serve as its own Registered Agent. You must design registration.)  ret address of the registered agent are:	
ARTICLE III - Registered (The Limited Liability Company cannobusiness entity with an active Florida The name and the Florida str	Agent, Registered Office, & Registered t serve as its own Registered Agent. You must design registration.)  ret address of the registered agent are:	
ARTICLE III - Registered (The Limited Liability Company cannobusiness entity with an active Florida The name and the Florida str	Agent, Registered Office, & Registered t serve as its own Registered Agent. You must design registration.)  ret address of the registered agent are:  J. Yawn  Name	
ARTICLE III - Registered (The Limited Liability Company cannibusiness entity with an active Florida Strande Alexande)  16630 Sv	Agent, Registered Office, & Registered t serve as its own Registered Agent. You must design registration.)  ret address of the registered agent are:  J. Yawn  Name	ate an individual or another
ARTICLE III - Registered (The Limited Liability Company cannibusiness entity with an active Florida Strande Alexande)  16630 Sv	Agent, Registered Office, & Registered t serve as its own Registered Agent. You must design registration.)  ret address of the registered agent are:  J. Yawn  Name  6th St  treet address (P.O. Box NOT acceptable)	ate an individual or another

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)

#### **ARTICLE IV-**

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Alaysadar I Vayya
MGIN	Alexander J Yawn 16630 Sw 6th St
	Pembroke Pines, FI 33027
	Fembroke Pilles, Fl 33027
MGR	Jeffrey R. Cook
<del></del>	936 SW 1st Ave #376
	Miami, FI 33130
MGR	Christopher R. Singleton
	936 SW 1st Ave #376
	Miami, FI 33130
	-
(Use attachment if necessary)	
EP V OI - 11 - 16	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
	202
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	2020 01
	2020 OCT
REQUIRED SIGNATURE:	1
Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a document is document in a	an authorized representative of a member
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am await ment to the Department of State constitutes a third degree
Signature of a member or This document is executed in accordance any false information submitted in a document of the submit	1

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)