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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TO: New Filing S Division of C			· Company	-/-
SUBJECT:	(Name of Res	Sulting Florida Limited Cor	5 (1) L	4
	-	•	d fees are submitted to eccordance with s. 605.10	
Please return all corre	espondence concernin	g this matter to:		
Jan The 270 5		NO GIOSP AVC DE	certical Boh	, FZ 33
J 545	City, State and Zip Code) Solve Code c used for future annual re	ga/brain5. E	Com	
For further information of Contact (Name of Contact)	on concerning this ma	_at (56/) 7	715 - 1525 rtime Telephone Number)	
	or the following amou a bank located in the		sed 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	☐S180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add			t Address:	??? ?020 OCT

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
The Centre of Tallahassee
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 Corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type: Example: corporation, printed partnership, general partnership, common law or ousness 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)
on $\frac{5-20-20}{\text{(date of organization, formation or incorporation)}}$
(date of organization, formation of meorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
the date this document is filed by the Florida Department of State.)
<u>Note:</u> 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 $2id$ day of $0c+$ 20 20
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Icmie Sipsist Title: Attorny
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Some Some Attornet Title: Presided Title:
Signature:
Printed Name: Petr Tichti. Title: Treasurer
Signature: Title:
Signature:
Printed Name: Title:
Signature: Title:
Signature: 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 <u>ALL</u> 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Agia Anastasia, LLC			
(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 L	iability	Comp	any is:
Principal Office Address: Mailing Address:			
Svite B		<u>-</u>	
JUP, Hr, FL 33458		_	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent' The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indiv business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
Jamie Sassin			
270 SW Natura AVC			
Florida street address (P.O. Box <u>NOT</u> acceptable) Vev + 10 30 FL 3344	1		
City Zip			
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply we statutes relating to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in	the appith the paint	pointme provisie uiliar w	ent as ons of all ith and
		2020 OCT	. 1.
Registered Agent's Signature (REQUIRED)		CT -8	-
(CONTINUED)		8 PH 2:	(aus

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

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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)