L21000083306

(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 Cities Offices
Special Instructions to Filing Officer:
<u> </u>

Office Use Only

MAMWO 68443

FEB 2 6 2021

T. SCOTT



300346076863



December 3, 2020

MASSOOD TOWHID NEJAD 6744 TIFFANY ROSE PL SANFORD, FL 32771

SUBJECT: MAK GROUP LLC Ref. Number: W20000068443

We have received your document for MAK GROUP LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 020A00024109

COVER LETTER

Division of Corporations MAK Group LLC	
SUBJECT: MAK Group LLC (Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Gusiness Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	ther)
Please return all correspondence concerning this matter to:	
Massood Towhid Nejad	
(Contact Person)	
MAK Group LLC	
(Firm/Company)	
6744 Tiffany Rose PL	
(Address)	
Sanford, FL 32771	
(City, State and Zip Code)	
Mak_3205@yahoo.com	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Massood Towhid Nejad at (407)314-9389	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount: (All checks processed by this office must be payable in dollars and drawn on a bank located in the United States)	US
■ \$150.00 Filing Fees (\$25 for Conversion & Status Status S180.00 Filing Fees and Certified Copy Status S180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status	
Mailing Address: Street Address:	
New Filing Section New Filing Section	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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)

which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.

Mak Group Inc.

2. The "Other Business Entity" is a Corporation (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)
04/07/2003 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MAK Group 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.
5. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

	Signed this 16th day of June 2020	20
	Signature of Authorized Representative of Limit	ted Liability Company:
	Signature of Authorized Representative: Printed Name: Massood Towhid Nejad	Title: President
	Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
7	Signature: Mussend Towhine and	Title: <u>President</u>
	Signature:Printed Name:	
	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 If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili	corporator must sign.
	Signature of one General Partner.	-
	If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
	All others: Signature of an authorized person.	
	Fees:	
	Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MAK Group LLC.		
(2)	dust contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - A	ddress:	
		e principal office of the Limited Liability Company i
Principal Office	Address:	Mailing Address:
	PL	6744 Tiffany Rose PL
6744 Tiffany Rose Sanford, FL 32771 ARTICLE III - The Limited Liability business entity with an	Registered Agent, Registe Company cannot serve as its own R n active Florida registration.)	6744 Tiffany Rose PL Sanford, FL 32771 ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
6744 Tiffany Rose Sanford, FL 32771 ARTICLE III - The Limited Liability business entity with an	Registered Agent, Registe	Sanford, FL 32771 ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
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Mussel Towngles

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 FEB -3 PM 2: 10

"AMBR" = Manager AMBR Massood Towhid Nejad 6744 Tiffany Rose Pl Sanford, FL 32771 AMBR Khandan Molavi 6744 Tiffany Rose PL Sanford, FL 32771 (Use attachment if necessary) CLE V: Other provisions, if any. REQUIRED SIGNATURE: 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. Massood Tewhich We put Typed or printed name of signee Filing Fees	<u>Title:</u>	Name and Address:
Massood Towhid Nejad 6744 Tiffany Rose Pl Sanford, FL 32771 AMBR Khandan Molavi 6744 Tiffany Rose PL Sanford, FL 32771 (Use attachment if necessary) CLE V: Other provisions, if any. REQUIRED SIGNATURE: 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. Massood Towhid Nejad Typed or printed name of signee	"AMBR" = Authorized Member	
(Use attachment if necessary) (Use attachment if necessary)	"MGR" = Manager	
Sanford, FL 32771 Khandan Molavi 6744 Tiffany Rose PL Sanford, FL 32771 (Use attachment if necessary) CLE V: Other provisions, if any. REQUIRED SIGNATURE: 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. Massood Towhil Nepad Typed or printed name of signee	AMBR	
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-