12/000/23579

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Copies Certificates of Status
Instructions to Filing Officer:

M2100010284

MAR 2 6 2021

T. SCOTT



300357488443

01/13/21--01012--025 **185.00

WIN CALL PROPERTY

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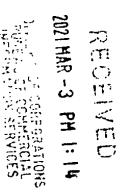
FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2021

ARANIT LUKA 400 SYBELIA PARKWAY, UNIT 486 MAITLAND, FL 32751

SUBJECT: LUKA CONSTRUCTION LLC

Ref. Number: W21000010284



We have received your document for LUKA CONSTRUCTION LLC and your check(s) totaling \$185.00. 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.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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: 621A00002241

COVER LETTER

D: New Filing Section Division of Corporations	,	•	
JBJECT: Luka Construction, LLC			
	f Resulting Florida Limi	mited Company)	
		ation, and fees are submitted to convert an "any" in accordance with s. 605.1045, F.S.	Other
ease return all correspondence conce	rning this matter to:) :	
anit Lukaj			
(Contact Person)		_	
ıka Construction, LLC			
(Firm/Company)			
0 Sybelia Parkway, Unit 486			
(Address)		_	
aitland, FL 32751			
(City, State and Zip Co	ode)	_	
i@LukaConstruction.com			
E-mail Address: (to be used for future annu	nal report notifications)		
further information concerning this	matter, please call:	1:	
anit Lukaj	at (<u>832</u>	983-8737	
(Name of Contact Person)	(Area Code)	de) (Daytime Telephone Number)	
closed is a check for the following a lars and drawn on a bank located in		s processed by this office must be payable in	ı US
\$150.00 Filing Fees For Conversion 125 for Articles rganization □ \$155.00 Filing Fee and Certificate of Status	ees S180.00 Filing and Certified Cop	<u> </u>	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: 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

ther Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida nutes.

	r Name of Other Business Entity)			
The "Other Business Entity" is a	Limited Liability Company			
	corporation, limited partnership, general partnership, common law or business trust, etc.)			
t organized, formed or incorpora	ted under the laws of			
February 25, 2014	(Effect state, of it a non-O.S. entity, the name of the country)			
date of organization, formation or inco	orporation)			
he name of the Florida Limited Construction, LLC	Liability Company as set forth in the attached Articles of Organization:			
(Enter Name c	of Florida Limited Liability Company)			
not effective on the date of filir	ing, enter the effective date: 02/01/2021.			
ate this document is filed by t	or to date of receipt or filed date nor more than 90 calendar days after the Florida Department of State.) s not meet the applicable statutory filing requirements, this date will not be listed as the act of State's records.			
ate this document is filed by the lifthe date inserted in this block does ent's effective date on the Department	the Florida Department of State.) s not meet the applicable statutory filing requirements, this date will not be listed as the			

gned this day of _January	_ 20 <i>_ Z /</i>
gnature of Authorized Representative of Limi	·
gnature of Authorized Representative:	AAI I
inted Name: Aranit Lukaj	Title: Owner / President
gnature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
nature: ARAKIT LUKAT	
nted Name: ARANIT LUKAT	Title: OWNER / PRESIDENT
nted Name:	777.1
nted Name:	Little:
nature:	
nted Name:	Title:
adura	
ted Name:	Title:
co i tuno.	Truc.
nature:	
ted Name:	Title:
ature:	
ed Name:	Title:
orida Corporation: ature of Chairman, Vice Chairman, Director, or	Office
rectors or Officers have not been selected, an Inc	
, and the second	on polator mast sign.
rida General Partnership or Limited Liabili	ty Partnership:
ture of one General Partner.	
rida Limited Partnership or Limited Liabili	ty Limited Partnershin:
tures of ALL General Partners.	<u> </u>
ners: ure of an authorized person.	
are of an addiorized person.	
A state of the sta	42.7.00
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	X 7 K 7 7 7 7 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - No. 1	Name: Limited Liability Compa	any is:	
Luka Constructio		Liability Company, "E.L.C.," or "LLC.")	
		reliability Company, E.E.C., of EEC.)	
ARTICLE II - The mailing add		the principal office of the Limited Liability Company is:	
Principal Offic	e Address:	Mailing Address:	
400 Sybelia Park Maitland, FL 327	 	400 Sybelia Parkway, Unit 486 Maitland, FL 32751	
The name and th	ne Florida street address o	of the registered agent are:	
		Name	
	400 Sybelia Parkway, l		
	Florida street addres	s (P.O. Box <u>NOT</u> acceptable)	
	Maitland	FL 32751	
	City	Zip	
liability co	mpany at the place design nt and agree to act in this	t and to accept service of process for the above stated limited ated in this certificate. I hereby accept the appointment as capacity. I further agree to comply with the provisions of a aplete performance of my duties, and I am familiar with and	11

(CONTINUED)

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

Name and Address:
•
4/1//
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
Poed or printed name of signee
oed 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)