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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Charing F. Ch. N.
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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W21-33224



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 11, 2021

JEFFREY MENGYAN FOFFIE SOUNDS LLC 2243 VILLA VERANO WAY, APT 301 KISSIMMEE, FL 34744

SUBJECT: FOFFIE SOUNDS LLC Ref. Number: W21000033224

-□3

We have received your document for FOFFIE SOUNDS 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):

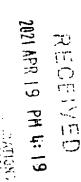
Please complete the marked sections in the Articles of Conversion. A signature is missing.

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.

DANIEL LO'KEEFE Regulatory Specialist II

Letter Number: 421A00005206



COVER LETTER

TO:	New Filing S Division of C				
CUDI	JECT: Foffie So	•			
SUBJ	JEC1:		sulting Florida Limit	ed Cor	mpany)
The e Busin	nclosed Article less Entity" into	s of Conversion, Artic a "Florida Limited L	eles of Organizati iability Company	on, an	nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
Jeffre	y Mengyan				
		(Contact Person)		•	
Foffie	Sounds LLC				
		(Firm/Company)	-	•	
2243	Villa Verano Wa	y, APT 301			
		(Address)	·· ·	-	
Kissin	nmee, FL, 34744	l .			
	((City, State and Zip Code)			
foffies	sounds@gmail.co	om			
E-r	nail Address: (to b	e used for future annual re	port notifications)		
For fi	ırther informati	on concerning this ma	tter, please call:		
Jeffre	y Mengyan		_at (<u></u> 810) ⁵⁹⁹ -	0592
	(Name of Conta	ict Person)	(Area Code)	(Day	rtime Telephone Number)
Enclo dollar	sed is a check f s and drawn on	or the following amou a bank located in the	int: (All checks p United States)	roces	sed by this office must be payable in US
(\$25 fo & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632	ection orporations		New I Divis:	t Address: Filing Section ion of Corporations 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: Foffie Sounds LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
03/01/2018 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Foffie Sounds 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.

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.

21 APR 19 PM 12: #

Signed this 28th day of January	20 <u>21</u>	
Signature of Authorized Representative of	Limited Liability Com	рапу:
Signature of Authorized Representative: July Printed Name: Jeffrey Mengyan	Title AP	- <u>-</u>
Signature(s) on behalf of Other Business Ent		
Signature: July 19m		X
Signature: Jeffrey Hengyan	Title:	• — ×
Signature: Printed Name:		
Signature:Printed Name:		
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director of Directors or Officers have not been selected,		n.
If Florida General Partnership or Limited L Signature of one General Partner.	iability Partnership:	
If Florida Limited Partnership or Limited Li Signatures of ALL General Partners.	ability Limited Partner	rship:
All others: Signature of an authorized person.		

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees:

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 21 APR 19 PM 12: 43

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:	
Foffie Sounds LLC		
(Must contain the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
2243 Villa Verano Way	2243 Villa Verano Way	
Apt 301	Apt 301	
Kissimmee FL, 34744	Kissimmee FL, 34744	
Jeffrey Mengyan	Name	F 21 APR I SEUNETA ALLAHA
2243 Villa Verano Way, a		SSE SE
Florida street addı	ress (P.O. Box <u>NOT</u> acceptable)	
Kissimmee	FL 34744	PH I2: 43 Chistair Elflord
City	Zip	₩ 5
registered agent and agree to act in the statutes relating to the proper and c	gnated in this certificate, I hereby ac	cept the appointment as ly with the provisions of a nd I am familiar with and

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:				
"AMBR" = Authorized Member					
"MGR" = Manager MGR	loffray Manayan				
WOR	Jeffrey Mengyan				
	2243 Villa Verano Way, apt 301 Kissimmee FL, 34744				
	Missimiliee FE, 34744				
	<u> </u>				
(Use attachment if necessary)					
(one anaemient is necessary)	SS T				
CLE V: Other provisions, if any.					
BEOLUBED OLONGERUSE					
REQUIRED SIGNATURE:					
	'Vm /				
11/1/11/11					
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, Lam aware the				
any false information submitted in a docu as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felo				
as provided for hi s.817,133, P.S.					
Jeffrey Mengyan					
Ty	rped 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)