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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				



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COVER LETTER

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TO: New Filing Section **Division of Corporations**

SUBJECT: 7624 Recife Drive LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Anthony Morales				
	(Contact Person)		_	
MyUSACorporation.co	om			
	(Firm/Company)		_	
1 Radisson Plaza, Sui	ite 800			
	(Address)		_	
New Rochelle, New Y	ork, 10801			
	City, State and Zip Code)		_	
info@myusacorporatio	on.com			
E-mail Address: (to b	be used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call:		
Anthony Morales	-	at (⁸⁷⁷	ر 330-	26-77
(Name of Conta	act Person)) (Da	ytime Telephone Number)
	for the following amou a bank located in the		proces	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Co		S185.00 Filing Fees, Certified Copy, and Certificate of Status

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 <u>"Other Business Entity"</u> 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: 7624 Recife Drive LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a

(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)

2/1/2021 on

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

7624 Recife Drive 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.)

<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.

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Signed this 4th	day of <u>May</u>	20 <u>21</u>
Signature of Authoriz	ed Representative of Lim	ited Liability Company:
Signature of Authorized Printed Name: <u>Samuel C</u>	d Representative:	Title: Member
		[See below for required signature(s)]
Signature:	Spier	Title: Member
Printed Name: Samuel C	ihan	Title: Member
Signature:		
Signature:		Title:
r finted Name.		
Signature:	· · · · ·	Tiday
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Signature:		
Signature: Printed Name: If Florida Corporation Signature of Chairman,	: Vice Chairman, Director, or	Title:
Signature: Printed Name: If Florida Corporation Signature of Chairman,	<u>.</u>	Title:
Signature: Printed Name: If Florida Corporation Signature of Chairman, If Directors or Officers I If Florida General Par	<u>:</u> Vice Chairman, Director, or nave not been selected, an In tnership or Limited Liabili	Title: Officer. corporator must sign.
Signature: Printed Name: If Florida Corporation Signature of Chairman, If Directors or Officers H If Florida General Par Signature of one Genera	<u>:</u> Vice Chairman, Director, or have not been selected, an In tnership or Limited Liabili l Partner. tnership or Limited Liabili	Title: Officer. corporator must sign. <u>ty Partnership:</u>
Signature: Printed Name: If Florida Corporation Signature of Chairman, If Directors or Officers H If Florida General Par Signature of one Genera If Florida Limited Part Signatures of <u>ALL</u> Gene All others:	<u>:</u> Vice Chairman, Director, or have not been selected, an In tnership or Limited Liabili I Partner. tnership or Limited Liabili eral Partners.	Title: Officer. corporator must sign. <u>ty Partnership:</u>
Signature: Printed Name: If Florida Corporation Signature of Chairman, T If Directors or Officers H If Florida General Par Signature of one Genera If Florida Limited Part Signatures of <u>ALL</u> Gene All others: Signature of an authorized	<u>:</u> Vice Chairman, Director, or have not been selected, an In tnership or Limited Liabili I Partner. tnership or Limited Liabili eral Partners.	Title: Officer. corporator must sign. <u>ty Partnership:</u>
Signature: Printed Name: If Florida Corporation Signature of Chairman, T If Directors or Officers H If Florida General Par Signature of one Genera If Florida Limited Part Signatures of <u>ALL</u> Gene All others: Signature of an authorize Fees:	<u>:</u> Vice Chairman, Director, or nave not been selected, an In tnership or Limited Liabili 1 Partner. tnership or Limited Liabili eral Partners. ed person.	Title: Officer. corporator must sign. <u>ty Partnership:</u> <u>ty Limited Partnership:</u>
Signature: Printed Name: If Florida Corporation Signature of Chairman, T If Directors or Officers H If Florida General Par Signature of one Genera If Florida Limited Part Signatures of <u>ALL</u> Gene All others: Signature of an authorize Fees: Articles of Conv	<u>:</u> Vice Chairman, Director, or nave not been selected, an In tnership or Limited Liabili 1 Partner. tnership or Limited Liabili eral Partners. ed person.	Title: Officer. corporator must sign. <u>ty Partnership:</u>
Signature: Printed Name: If Florida Corporation Signature of Chairman, T If Directors or Officers H If Florida General Par Signature of one Genera If Florida Limited Part Signatures of <u>ALL</u> Gene All others: Signature of an authorize Fees: Articles of Conv	 <u>:</u> Vice Chairman, Director, or have not been selected, an In <u>tnership or Limited Liabili</u> 1 Partner. <u>tnership or Limited Liabili</u> eral Partners. ed person. version: Articles of Organization: 	Title: Officer. corporator must sign. ty Partnership: ty Limited Partnership: \$25.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

7624 Recife Drive 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 Liability Company is:

Principal Office Address:	Mailing Address:
7624 Recife Dr.	7624 Recife Dr.
Kissimmee, FL 34747, USA	Kissimmee, FL 34747, USA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Incorp Services. Inc. Name 17888 67th Court North Florida street address (P.O. Box <u>NOT</u> acceptable) Loxahatchee FL City Zip

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)

(CONTINUED)

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Samuel Chan	
	88 Morgan St., APT 3602	
	Jersey City, NJ 07302, USA	
AMBR	Jing Zhou	
	88 Morgan St., APT 3602	<u> </u>
	Jersey City, NJ 07302, USA	
		<u></u>
	<u></u>	
(I lea attachment if nannum)		-2 -
(Use attachment if necessary)		
		PH 12:
ARTICLE V: Other provisions, if any.		
		10,00

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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Samuel Chan

Typed or printed name of signeeFiling 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)

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SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., a Nevada corporation ("<u>Grantor</u>"), does hereby make and grant a limited and specific power of attorney to Fedor Migel and appoint and constitute said individual as its attorney-in-fact ("<u>Attorney-in-Fact</u>"). This Special and Revocable Limited Power of Attorney hereby revokes any and all former powers of attorney given by Grantor to Attorney-in-Fact.

Attorney-in-Fact shall have the limited power and authority to undertake, commit and perform only the following acts on Grantor's behalf to the same extent as if Grantor had done so personally, all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of Grantor, for entities which MyUSACorporation.com, a Wyoming corporation, has purchased resident agent service on or through their account with Grantor. After each exercise of such authority, Attorney-in-Fact shall notify Grantor of the same.

TERMINATION: Unless sooner revoked or terminated by Grantor, this Special and Revocable Limited Power of Attorney shall become NULL and VOID from and after December 31, 2021.

Dated: May 11, 2021

Louise Breytenbach, Chief Operating Officer

STATE OF NEVADA)) ss COUNT OF CLARK)

This Special and Revocable Limited Power of Attorney was acknowledged before me on May 11, 2021, by Louise Breytenbach, as Chief Operating Officer of InCorp Services, Inc., a Nevada corporation.

pary Public in the State of Nevada

My Commission Expires: October 28, 2024

