

L21000332632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

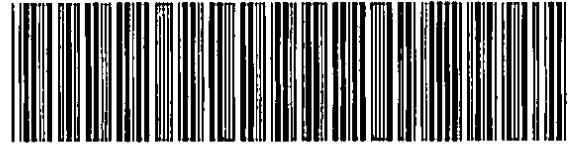
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/20/21--01021--018 **150.00

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[Signature]

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Adriana Klinkert 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:

Adriana Klinkert
(Contact Person)

Adriana Klinkert LLC
(Firm/Company)

1405 Meridian Ave., Apt 401
(Address)

Miami Beach, FL 33139
(City, State and Zip Code)

adriana.klinkert@gmail.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Adriana Klinkert at (347) 7494447
(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 US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐ \$155.00 Filing Fees and Certificate of Status	☐ \$180.00 Filing Fees and Certified Copy	☐ \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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Mailing Address:

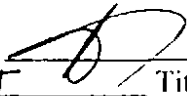
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

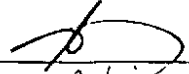
Signed this 14 day of July 2021.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: Adriana Klinkert Title: Member

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 

Printed Name: Adriana Klinkert Title: Member

Signature: _____

Printed Name: _____ Title: _____

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 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 ALL 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)

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JUL 14 9:32
CLERK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Adriana Klinkert 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:

1405 Meridian Ave. Apt 401
Miami Beach, FL
33139

Mailing Address:

1405 Meridian Ave. Apt 401
Miami Beach, FL
33139

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:

Adriana Klinkert

Name

1405 Meridian Ave. Apt 401 Miami Beach 33139

Florida street address (P.O. Box **NOT** acceptable)

Miami Beach

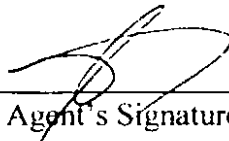
FL

33139

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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2020 MAR 9 32
CLERK OF CIRCUIT COURT
MIAMI BEACH, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

Adriana Klinkert
1405 Meridian Ave, Apt 401
Miami Beach, FL 33139

Logan Dunn
1405 Meridian Ave, Apt 401
Miami Beach, FL 33139

(Use attachment if necessary)

ARTICLE 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 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.

Adriana Klinkert

Typed 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)

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ADRIANA KLINKERT LLC
DOS ID Number: 5909563
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 01/05/2021

Statement Status: CURRENT
Statement Due Date: 01/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on July 07, 2021 at 11:17 A.M.

ROSSANA ROSADO, Secretary of State

Brandon C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100000067507 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

ONLINE FILING RECEIPT

ENTITY NAME: ADRIANA KLINKERT LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM. LLC)

COUNTY: NEW

FILED:01/05/2021 DURATION:***** CASH#:210105020187 FILE#:210105020187
DOS ID:5909563

FILER:

EXIST DATE

ADRIANA KLINKERT ASCANIO
505 W 37TH ST
APT 3502
NEW YORK, NY 10018

01/05/2021

ADDRESS FOR PROCESS:

REGISTERED AGENTS INC.
90 STATE STREET, STE 700
OFFICE 40
ALBANY, NY 12207

REGISTERED AGENT:



The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the Biennial Statement is due will only be made via email. Please go to www.email.ebiennial.dos.ny.gov to provide an email address to receive an email notification when the Biennial Statement is due.

SERVICE COMPANY: ** NO SERVICE COMPANY **
SERVICE CODE: 00

FEE: 200.00
FILING: 200.00
TAX: 0.00
PLAIN COPY: 0.00
CERT COPY: 0.00
CERT OF EXIST: 0.00

PAYMENTS 200.00
CHARGE 200.00
DRAWDOWN 0.00

DOS-1025 (10/2020)

Authentication Number: 2101050530 To verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

ACKNOWLEDGEMENT COPY

ARTICLES OF ORGANIZATION OF

Adriana Klinkert LLC

Under Section 203 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

Adriana Klinkert LLC

SECOND: The county, within this state, in which the office of the limited liability company is to be located is NEW YORK.

THIRD: The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

Registered Agents Inc.
90 State Street, STE 700
Office 40
Albany, NY 12207

FOURTH: The limited liability company is to be managed by: ONE OR MORE MEMBERS.

FIFTH: The existence of the limited liability company shall begin upon filing of these Articles of Organization with the Department of State.

SIXTH: The limited liability company shall have a perpetual existence.

SEVENTH: The limited liability company shall defend, indemnify and hold harmless all members, managers, and former members and managers of the limited liability company against expenses (including attorney's fees, judgments, fines, and amounts paid in settlement) incurred in connection with any claims, causes of action, demands, damages, liabilities of the limited liability company, and any pending or threatened action, suit, or proceeding. Such indemnification shall be made to the fullest extent permitted by the laws of the State of New York, provided that such acts or omissions which gives rise to the cause of action or proceedings occurred while the Member or Manager was in performance of his or her duties for the limited liability company and was not as a result of his or her fraud, gross negligence, willful misconduct or a wrongful taking. The indemnification provided herein shall inure to the benefit of successors, assigns, heirs, executors, and the administrators of any such person.

I certify that I have read the above statements. I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

Adriana Klinkert Ascanio (signature)

Adriana Klinkert Ascanio , ORGANIZER
505 W 37th St
apt 3502
New York, NY 10018

Filed by:

Adriana Klinkert Ascanio
505 W 37th St
apt 3502
New York, NY 10018

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Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** 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:

Adriana Klinkert LLC
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of New York State
(Enter state, or if a non-U.S. entity, the name of the country)

on 01/05/2021
(date of organization, formation or incorporation)

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

Adriana Klinkert LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 07/15/2021.

(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.

FILED
JUL 15 2021
9:32