(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:
operational to him gonder.

Office Use Only



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### **COVER LETTER**

	New Filing Solivision of C				
	CT: REHMA	•			
SUDJE	C1.	(Name of Res	sulting Florida Lim	ited Con	npany)
			_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please re	eturn all corre	espondence concernin	g this matter to:		
MADIHA					
-		(Contact Person)			
INFOTA	XSQUARE.CO	MC			
		(Firm/Company)		_	
7 DAVID	AVENUE				
		(Address)		_	
HICKSVI	LLE, NY 1180	)1			
	((	City, State and Zip Code)		_	
E-mail	Address: (to b	e used for future annual re	port notifications)	_	
For furth	er information	on concerning this ma	tter, please call:		
MADIHA			_at ( <sup>516</sup>	\ 822-3	3100
(	Name of Conta	ct Person)	(Area Code	(Day	time Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
\$150.0 (\$25 for C & \$125 fo of Organiz	r Articles	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co	-	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
N D P	Mailing Addr New Filing So Division of Co O. Box 632 Callahassee, F	ection orporations 7		New I Divisi The C	Address: Filing Section Filing Section Fon of Corporations Fentre of Tallahassee For Monroe Street, Suite 810

Tallahassee, FL 32303

## **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:  REHMANLY 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.
(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)
February 9TH, 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: REHMANLY LLC
(Enter Name of Florida Limited Liability Company)
<ol> <li>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.</li> <li>5. The plan of conversion has been approved in accordance with all applicable statutes.</li> <li>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.</li> </ol>
which such members are entitled under ss. 603.1000 and 603.1001-603.1072, 1.3.

Signed this 18TH day of JULY	20 <b>2l</b>
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: ————————————————————————————————————	<i>y</i>
Printed Name: FAISAL REHMAN	Title: MEMBER
<del>,</del>	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:  Printed Normal FAISAL REHMAN	
Printed Name: FAISAL REHMAN	Title: MEMBER
Trined Name.	TIME: MEMORIA
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Timed Name.	
Signature:	
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 In	
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
TERRITORIA TERMINATAN AND AND AND AND AND AND AND AND AND A	
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty 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)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
REHMANLY LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
'	
Principal Office Address:	Mailing Address:
7901 4th St N Ste 300	7901 4th St N Ste 300
St. Petersburg, FL 33702	St. Petersburg, FL 33702
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
Registered Agents Inc.	
Name	· · · · · · · · · · · · · · · · · · ·
, vanie	
7901 4th St N Ste 300	
Florida street address (P.O.	Box NOT acceptable)
St. Petersburg	FL <sup>33702</sup>
City	Zip
	aggraph campion of program for the above stated limits

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..

Bill Havre on behalf of Registered Agents Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	5.1 LD 1
AMBR	Faisal Rehman
	7901 4th St N Ste 300 St. Petersburg, FL 33702
	St. Petersburg, FL 33702
<del></del>	
	<del></del>
	· <del></del> -
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNATURE:	<i>9</i>
Signature of a member or a	an authorized representative of a member
any false information submitted in a docur	with section 605.0203 (1) (b), Florida Statutes. I am awan nent to the Department of State constitutes a third degree I
as provided for in s.817.155, F.S.	neitro the Department of State constitutes a tima degree i

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)