# L21000428806

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Khairi Salah (Name of Resulting Flor	ida Limited Company)
The enclosed Articles of Conversion, Articles of Or Business Entity" into a "Florida Limited Liability C	ganization, and fees are submitted to convert an "Other ompany" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this ma	tter to:
Khairi Salah (Contact Person)	
(Firm/Company)	
11500 Summit inest Blue (Address)	38C : SEF 2
Temple Terrace FL 33 (City, State and Zip Code)	<u></u>
E-mail Address: (to be used for future annual report notific	eations)
For further information concerning this matter, plea	se call:
(Name of Contact Person) at (SA)	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All dollars and drawn on a bank located in the United S	checks processed by this office must be payable in US tates)
	00 Filing Fees tified Copy Certified Copy, and Certificate of Status
Mailing Address: New Filing Section	Street Address: New Filing Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. 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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 4112021 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Khayri Salah UUC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 9 1 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.

Signed this day of	
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Balan  Printed Name: Rachal Salah	Title: Accountant
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature:  Printed Name: Khairi Salah	
Printed Name: Khairi Salah	Title: President
Signature:Printed Name:	_ Title:
Signature:	<u>2.</u>
Signature:Printed Name:	_ Title:
Signature:Printed Name:	:
Signature:Printed Name:	_ Title:,
Signature:	
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fces:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
11500 Summit west Blvd 38C Temple Terrace, FL 33617	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registrations, business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re <u>Rackel Sala</u> Name	M 23 F
1402 W Fled Florida street address (P.O.	ECVer Ave
Tampa	FL 33(012) 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)

Company.	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Ichair i Calab
President-	Khairi Salah 11500 Summit WEST Blad
	Temple Terrace, FL 33(01)
Representative	Rachel Salah
-pigale manic	11500 Summit West Bled 3 Temple Terrace, FL 33617
	Tempe Terrace, FC 35/017
	-
<del></del>	
(Use attachment if necessary)	
(Ose attachment if necessary)	··
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
//	
Signature of a member of	on authorized representative at a member
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware t
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware t iment to the Department of State constitutes a third degree fel
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware t iment to the Department of State constitutes a third degree fel
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware t

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