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Special Instructions to	Filing Officer:	
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Office Use Only



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# To: FL Secretary of State Corporation Division

Please find one Articles of Conversion and New Articles in order to domesticate:

Short Sprint Consulting LLC

Please find enclosed a check for \$150 for the certificate of conversion and the new articles of organization.

If there are any questions regarding this filing, please call Jessica Marschke at 1-800-981-7183 ext. 1267618

### Please return all completed documents to:

Business Filings Incorporated Attn: Filing Department 8020 Excelsior Drive, Suite 200 Madison, WI 53717

Best Regards,

Filing Department Business Filings Incorporated

#### **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.605.4045. Florida Statutes.

<ol> <li>The name of the "Other Business Entity" in Short Sprint Consulting LLC</li> </ol>		of Conversion is:
(Enter Name of O	ther Business Entity)	
2. The "Other Business Entity" is a LLC		
(Enter entity	type. Example: corporation, limited partnership, artnership, common law or business trust, etc.)	
First organized, formed or incorporated under	the laws of Nevada	
	(Enter state, or if a non-U.S, entity, the na	ime of the country)
on 11/23/2016 (date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability C	Company as set forth in the attached Article	es of Organization:
Debonaire Management Group LLC		
(Enter Name of Florida Li	nited Liability Company)	
4. If not effective on the date of filing, enter th	ne effective date:	
(The effective date: 1) cannot be prior to da date this document is filed by the Florida Do date listed in the attached Articles of Organ	epartment of State; <u>AND</u> 2) must be the s	ame as the effective
5. The plan of conversion has been approved in	n accordance with all applicable statutes.	
	Page 1 of 2	2021 OC

Signed this 21st day of October	20_21
Signature of Authorized Representative of L	imited Liability Company:
Signature of Authorized Representative:	
Signature of Authorized Representative: INVA	The Months
Printed Name: Mohammad Jalil	Title: Member
Signature(s) on behalf of Other Business Entit	y: 1See below for required signature(s).1
	<del></del>
Signature: Man Musica I	
Printed Name: Mohammad Jalil <sup>©</sup>	Title: Member
Signature	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
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Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Tid.
rrinted Name:	ittie:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director,	, or Officer.
If Directors or Officers have not been selected, an	n Incorporator must sign.
	Marie Daniel Company
If Florida General Partnership or Limited Lia Signature of one General Partner.	buity rartnership:
Signature (4 One General) articles.	
If Florida Limited Partnership or Limited Lia	bility 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 Organizatio	n: \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Debonaire Management Group LLC (Must end with the words "Limited Liabil	Pro Consequent Late 2 and Late 2
(Affast end with the words "Limited Labii	nty Company, "Lie C., or "Lie C.
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15879 Burch Island Ct	15879 Burch Island Ct
Winter Garden, FL 34787	Winter Garden, FL 34787
The name and the Florida street address of the i	
Name	e
15879 Burch Island Ct	
Florida street address (P.O	). Box <u>NOT</u> acceptable)
Winter Garden	FL 34787 Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited of this certificate. I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S

(CONTINUED)

Mohammad Jalil

Page 1 of 2

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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	
AMBR	Mohammad Jalil
7 WEST	15879 Burch Island Ct
	Winter Garden, Florida 34787
	21/2
	2/21 OCT 28
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	<del></del>
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	2
	منيا
(Use attachment if necessary)  CLE V: Effective date, if other than t	he date of filing: (OPTIONAL)
CLE V: Effective date, if other than t	he date of filing: (OPTIONAL)  It be specific and cannot be more than five business days [
CLE V: Effective date, if other than t effective date is listed, the date mus 00 days after the date of filing.)	he date of filing:
CLE V: Effective date, if other than teffective date is listed, the date mus 00 days after the date of filing.) CLE VI: Other provisions, if any.	he date of filing: (OPTIONAL)  at be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	per or an authorized representative of a member.  (1) (b). Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, submitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must 200 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	per or an authorized representative of a member.  (1) (b). Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, submitted in a document to the Department of State

## 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)