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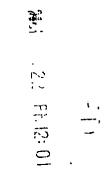
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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12/03/21--01022--031 **180.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2021

REBECCA J. MILLER CORP 911, INC. 3501 WEST BURBANK BLVD BURBANK, CA 91505

SUBJECT: HALTEN MANAGEMENT SERVICES (US), LLC

Ref. Number: W21000155861

We have received your document for HALTEN MANAGEMENT SERVICES (US), LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 721A00029434

Tammi Cline
Regulatory Specialist II Supervisor

244 D. 0.23 PHI2: 0

COVER LETTER

TO: New Filing Sec Division of Co					
SUBJECT: HALTEN	I MANAGEMENT SER	VICES (US), LLC			
	(Name of Res	ulting Florida Limi	ted Con	npany)	
				d fees are submitted to conve ecordance with s. 605.1045, F	
Please return all corres	spondence concernin	g this matter to:			
REBECCA J. MILLER					
	(Contact Person)		_		
CORP 911, INC.					₩.7 473
	(Firm/Company)		-		- 1: - 1:
3501 WEST BURBANK	BLVD.				· · .
	(Address)		-		WAT 17 2.2
BUDDANIK OA 04505	(ramenry				- <u>ت</u>
BURBANK, CA 91505			_		1.12
	ty, State and Zip Code)				PH 12: 81
rebecca@corp911.com			_		
E-mail Address: (to be	used for future annual re	port notifications)			
For further informatio	n concerning this ma	tter, please call;			
REBECCA J. MILLER	U	•	、478 ·	1681	
(Name of Contac	t Purcon)	_at (818	_)	/time Telephone Number)	
(Name of Comac	er etson)	(Area Code	, (ızaş	rume reteptione (vumber)	
Enclosed is a check fo dollars and drawn on a	-		process	sed by this office must be pay	able in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□S155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Addro	2SS:		Stree	t Address:	
New Filing Se				Filing Section	
Division of Co	rporations		Divis	ion of Corporations	
P.O. Box 6327			The C	Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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 Cohalten Management Services (US), LLC $ \mathcal{M}\rangle - (3)\partial \psi$.	onversion is:
(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	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or	business trust, etc.
First organized, formed or incorporated under the laws of	Cha country)
OCTOBER 7, 2021	the codiniy)
On	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	Organization:
HALTEN MANAGEMENT SERVICES (US), 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 calen 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 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	s the amount to
which such members are charted under ss. 605.1000 and 605.1001-005.1072, P.S.	1 0 1 1 0 1 1 0 1 1 0 1
	•
	(S)

Signed this 15TH day of	NOVEMBER	20_21
Signature of Authorized Represe		
Signature of Authorized Represent Printed Name: <u>BRIAN JAEGGI</u>	ative: <u>Bri a</u>	Larger Title: MEMBER
		See below for required signature(s)
Signature: IRINA JAEGGI Signature: Printed Name: BRIAN JAEGGI	· · · · · · · · · · · · · · · · · · ·	
Printed Name: IRINA JAEGGI		Title: MEMBER
Signature: Thian face	ggi	
Printed Name: BRIAN JAEGGI/	-	Title: MEMBER
Signature:	<u></u>	
Printed Name:		_ Title:
Signature:		Title:
Printed Name:		Title:
Signature:		
Printed Name:	· <u>-</u>	Title:
Signature:		Title:
Printed Name:		_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairm If Directors or Officers have not bee		
If Florida General Partnership or Signature of one General Partner.	Limited Liabilit	<u>v Partnership:</u>
If Florida Limited Partnership or Signatures of ALL General Partners	<u>Limited Liabilit</u>	y Limited Partnership:
All others: Signature of an authorized person.		
Fees:		

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status; # 57, 22, PS 12: (

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
HALTEN MANAGEMENT SERVICES (US), LLC	
(Must contain the words "Limited Liab	bility 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:
8591 DYNASTY DRIVE	8591 DYNASTY DRIVE
BOCA RATON, FL 33433	BOCA RATON, FL 33433
	red Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	egistered Agent. You must designate an individual or another
The name and the Florida street address of th	ne registered agent are:
22	

BRIAN JAEGGI	
N	ame
8591 DYNASTY DRIVE	
Florida street address (P.O. Box NOT acceptable)
BOCA RATON	FL 33433
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)

ARTICLE IV-

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

"MGR" = Manager MEMBER	
MEMBER	BRIAN JAEGGI - MEMBER 8591 DYNASTY DRIVE BOCA RATON, FL 33433
MEMBER	IRINA JAEGGI - MEMBER 8591 DYNASTY DRIVE3 BOCA RATON, FL 33433
(Use attachment if necessary)	
LE V: Other provisions, if any.	
	•
REQUIRED SIGNATURE:	zzi
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware nent to the Department of State constitutes a third degree for
as provided for in s.817.155, F.S.	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)