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(Requestor's Name)		
(Address)		
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only, 39505

T. SCOTT

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2021

JASON HIGGINS 1314 E LAS OLAS BLVD #1927 FORT LAUDERDALE, FL 33301

SUBJECT: IRISHMAN MANAGEMENT LLC

Ref. Number: W21000139505

We have received your document for IRISHMAN MANAGEMENT LLC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

LLC can only convert to FLORIDA and balance due is \$22.50.,

Please return the corrected original and one copy of 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: 521A00025674

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

COVER LETTER

SUBJECT:	YISHWAY A	Au nagouna sulting Florida Limited		_	
		-	n, and fees are submitted to in accordance with s, 605.		
Please return all corre	espondence concerning	g this matter to:			
Jasou Ivisha	Hogins (Contact Person) Lan Mange	gowout L	LC		
	(Contact Person) (Firm/Company) (Address)				
Ft Land	ity. State and Zip Code)	33316			
	e used for future annual re				
	on concerning this ma	•	1 08100		
SqsvV (Name of Conta	H199(45 ct Person)	_at (<u></u>	421-8406 (Daytime Telephone Number)	_	
	or the following amou a bank located in the		ocessed by this office must		
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155,00 Filing Fees and Certificate of Status	□\$180.00 Filing Fo and Certified Copy	ces	Ø	Romanum & Bo 22-50
Mailing Add New Filing So Division of C P.O. Box 632	ection orporations	N D	treet Address: Sew Filing Section Division of Corporations Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section Division of Corporations

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 LLC (Enter entity type, Example: corporation, limited partnership, general partnership, common law or business trust, e
First organized, formed or incorporated under the laws of
on 31112016 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization Tyishwau Mauagement LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1/26/2021. (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.
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 t

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

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Signed this 26th day of November 2021 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative:

Printed Name: 56scu Hoggus Title: Owner / Charmay Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: ___ Signature: ______ Title: ______ Signature: Printed Name: 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Trishwau Managauent UC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address: Mailing Address: 1931 Cordova Rd. #1075 Ft Landardale FL 33316 Ft Landardale FL 33316
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:
Juson Higgins Name 400 NE 12th Sic
Name
400 NE 12th Are
Florida street address (P.O. Box NOT acceptable)
Ft Laudordal FL 33301 City Zip
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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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	- 1/ .
MGR	- Dasoy HiggINS,
	400 VEIZHM AVE
	Ft Loudovdal FL 33301
	
	
(Use attachment if necessary)	
PEZU P AZ ZMI III III I ZMI III ZZ III.	
FICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
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 docur	ment to the Department of State constitutes a third degree felong
as provided for in 8.817.155, F.S.	
т.,	ped or printed name of signee
ı y	, ,
	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)