

L21000533846

(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:

Office Use Only



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11/02/21--01005--022 **150.00

2021 11 02 14:00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ALANGA LIMITED LIABILITY COMPANY

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Domestication of a Non-U.S. Entity and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANA SIMONELIS, EA

Name of Person

GDS INTENATIONAL CO

Firm/Company

PO BOX 306

Address

BEDFORD PARK, IL 60499-0306

City/State and Zip Code

meistinis@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana Simonelis, EA

708

2371110

at ()

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Domestication:	\$25
Articles of Organization:	\$125
Total to Domesticate and file:	\$150



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2021

DANA SIMONELIS
PO BOX 306
BEDFORD PARK, IL 60499-0306

SUBJECT: ALANGA LIMITED LIABILITY COMPANY
Ref. Number: W21000144508

We have received your document for ALANGA LIMITED LIABILITY COMPANY and your check(s) totaling \$150.00. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 621A00027007

2021 DEC 28 PM 5:22
RECEIVED

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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
ALANGA LIMITED LIABILITY COMPANY

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a General Partnership
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Illinois
(Enter state, or if a non-U.S. entity, the name of the country)

on 10/11/2012
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
ALANGA LIMITED LIABILITY COMPANY

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 01/01/2022.
(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.

2021 OCT 20 PM 8:30

Signed this 14 day of December 20 21

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Laimonas
Printed Name: Laimonas Meistinis Title: manager

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: X Loreta Meistinis
Printed Name: Loreta Meistinis Title: General Partner

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
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:

ALANGA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability 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:

18053 CADENCE ST

ORLANDO, FL 32820

Mailing Address:

18053 CADENCE ST

ORLANDO, FL 32820

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:

LAIMONAS MEISTINIS

Name

18053 CADENCE ST

Florida street address (P.O. Box NOT acceptable)

ORLANDO

FL 32820

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..

X Laimonas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

LAIMONAS MEISTINIS

18053 CADENCE ST

ORLANDO, FL 32820

LORETA MEISTINIS

18053 CADENCE ST

ORLANDO, FL 32820

MGR

2021 FEB 23 AM 8:30

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 01, 2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 calendar days after the date of filing.)

ARTICLE VI: Other provisions, if any.

Authorized manage and control LLC:

LAIMONAS MEISTINIS 18053 CADENCE ST ORLANDO, FL 32820

LORETA MEISTINIS 18053 CADENCE ST ORLANDO, FL 32820

REQUIRED SIGNATURE: X *Laimonas*
Signature of a member or an authorized representative

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

LAIMONAS MEISTINIS

Typed or printed name of signer

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)