

(Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Global Summits Institute, LLC		
	sulting Florida Limite	rd Company)
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I		on, and fees are submitted to convert an "Othe" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter to:	
Kianor Shahmohammadi		
(Contact Person)		
Global Summits Institute, LLC		
(Firm/Company)		
300 Jeffords St., Suite B		
(Address)	· · =-	
Clearwater, Florida 33756		
(City, State and Zip Code)		
Kianor.Shah@gmail.com		
E-mail Address: (to be used for future annual r	eport notifications)	
For further information concerning this ma	atter, please call:	
Kianor Shahmohammadi	at (<u>618</u>)	917-5805
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amo dollars and drawn on a bank located in the		rocessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	1 1	Street Address: New Filing Section Division of Corporations The 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 Conversion is: Global Summits Institute, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company - Organized in the State of Nevada (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
9/20/2017 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization : Global Summits Institute, 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 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.

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(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
9/20/2017 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Global Summits Institute, 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 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.
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which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 3 rd day of Junuary	20 <u></u> 22
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Bossessation	: CDD
Signature of Authorized Representative: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Tister Sala Managina Momber
Printed Name: KIANOR SHAHMOHAMMADI	Title: Sole Managing Member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
M: CUD	
Signature:Printed Name: KIANOR SHAHMOHAMMADI	Title: Sale managing member
Printed Name: KIANOK STALIMOTAMMADI	Title. Sole managing member
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	T: 1
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Timod (tame.	
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	ty tarticismp.
and the second control of the second control	
If Florida Limited Partnership or Limited Liabili	ty 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:	
Global Summits Institute, LLC (Must contain the words "Limited Liability	Company "LLC " or "LLC")
(Music contain the words Emined Elability	Company, E.E.C., of EEC. /
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
300 Jeffords St., Suite B	300 Jeffords St., Suite B
Clearwater, FL 33756	Clearwater, FL 33756
The name and the Florida street address of the re-	egistered agent are:
Name	
300 Jeffords St., Suite B	
Florida street address (P.O.	Box NOT acceptable)
Clearwater	FL ³³⁷⁵⁶
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Kri	Shh.
Registered Agent's Sign	ature (REQUIRED) .

(CONTINUED)

<u>Title:</u> 'AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	KIANOR SHAHMOHAMMADI	
	300 Jeffords St., Suite B	
	Clearwater, FL 33756	
(Hos otto charact if a recomm)		
(Use attachment if necessary)		
LE V: Other provisions, if any.		

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 document to the Department of State constitutes a third degree felony

Typed or printed name of signee Filing Fees

as provided for in s.817.155, F.S.

KIANOR SHAHMOHAMMADI