# 12200086650

(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:					

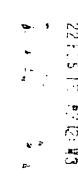
Office Use Only

T. SCOTT MAR - 2 2022



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#### **COVER LETTER**

TO:	New Filing S Division of C				
SUR.	IECT: TAING E	ENTERPRISES, LLC			
500	, ECT	(Name of Res	sulting Florida Limit	ted Con	npany)
		•	~		d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Pleas	e return all corr	respondence concernin	g this matter to:		
Antho	ny Morales				
		(Contact Person)		-	
MyUS	ACorporation.co	m			
		(Firm/Company)		_	
1 Rac	lisson Plaza, Suit	te 800			
		(Address)		-	
New I	Rochelle, NY 108	301			
	(	City, State and Zip Code)		-	
info@	myusacorporatio	n.com			
E-	mail Address: (to b	oe used for future annual re	port notifications)	-	
For f	urther informati	on concerning this ma	tter, please call:		
Antho	ny Morales		at ( <sup>877</sup>	33020	677 ,
	(Name of Conta	act Person)	(Area Code)	(Day	ime Telephone Number)
		for the following amount is a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles canization)	□\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy. and Certificate of Status
	Mailing Add New Filing S	ection		New I	Address: Filing Section
	Division of C P.O. Box 632	•			ion of Corporations Centre of Tallahassee
	Tallahassee,				N. Monroe Street, Suite 810

Tallahassee, FL 32303

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## **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.

(Enter	Name of Other Business Entity)
2. The Other Business Entity is a	Limited Liability Company
(Enter entity type. Example:	corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporat	ed under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
10/12/2005 on	
(date of organization, formation or incor	poration)
<ol> <li>The name of the Florida Limited I TAING ENTERPRISES, LLC</li> </ol>	Liability Company as set forth in the attached Articles of Organization:
(Enter Name of	Florida Limited Liability Company)
If not effective on the date of filing	g, enter the effective date:
The effective date: Cannot be prior he date this document is filed by the	r to date of receipt or filed date nor more than 90 calendar days after ne Florida Department of State.)
Note: If the date inserted in this block does to ocument's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the
. The plan of conversion has been ap	proved in accordance with all applicable statutes.
The "Converted or Other Business E which such members are entitled un	ntity" has agreed to pay any members having appraisal rights the amount to der ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 2nd day of February	20 22
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:  Printed Name: SIM J TAING	Title: Member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: SIM J TAING	Title: Member
Signature:Printed Name:	Title:
Signature: Printed Name:	Title
Timod I talle.	1 ide:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
TAING ENTERPRIS	SES, LLC	;			
(Must contain the words "Limited Liability			C.")	<del></del>	
ARTICLE II - Address: The mailing address and street address of the pri	incipal o	ffice of the Li	mited Liabilit	ry Company is:	
Principal Office Address:	<u>Mailin</u>	g Address:			
7 CROSSGATE CT W	7 CBOS	SSGATE CT W			
PALM COAST, FL 32137	PALM COAST, FL 32137				
business entity with an active Florida registration.)  The name and the Florida street address of the re  SIM J TAIN  Name  7 CROSSGATE	ıG	agent are:	_		
Florida street address (P.O.		T acceptable)	_		
PALM COAST	FL	32137			
City		Zip	<del></del>		
Having been named as registered agent and to liability company at the place designated in tregistered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	this certij y. I furth erforman	ficate, I hereby ner agree to co ce of my duties	o accept the ap imply with the s, and I am fai	ppointment as provisions of all miliar with and	
Registered Agent's Signa	tore (RE	QUIRED)		22 FLB	
(CONTINU	ED)		<b>,</b>	21	

A	R	T	īí	וי־	[.]	F.	T	V.
								-

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	SIM J TAING
	7 CROSSGATE CT W
	PALM COAST, FL 32137
AMBR	THAY TAING
	7 CROSSGATE CT W
	PALM COAST, FL 32137
AMBR	ENG HENG
	7 CROSSGATE CT W
	PALM COAST, FL 32137
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	200
	<del>//</del>
inis document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felon
	SIM J TAING
Тур	ped or printed name of signee
- •	E88 E

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