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(Re	questor's Name)	
(Adı	dress)	
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(Cit	y/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

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01/19/22--01031--018 **150.00

COVER LETTER

Division of Corporations	
SUBJECT: LEV'SONIC, LLC	
(Name of Resulting Florida Limited C	ompany)
The enclosed Articles of Conversion, Articles of Organization, Business Entity" into a "Florida Limited Liability Company" in	
Please return all correspondence concerning this matter to:	
LEVENTE PAP	
LEVENTE PAP (Contact Person) LEV' SONIC, LLC (Firm/Company)	
LEV'SONIC, LLC	
7795 Eagle Creek Dr. (Address)	
(Address)	
Janaso1a, +L 34243	
Sancesota, FL 34243 (City, State and Zip Code) Paplevente 88@ smail.com E-mail Address: (to be used for future annual report notifications)	
Papievente 88 @ Gmail . Com	
For further information concerning this matter, please call:	
LEVENTE PAP at (765) (Name of Contact Person) (Area Code) (D	307 0772
(Name of Contact Person) (Area Code) (D	aytime Telephone Number)
Enclosed is a check for the following amount: (All checks procedulars and drawn on a bank located in the United States)	essed 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 Fees and Certified Copy	•
	eet Address:
	v Filing Section
Division of Corporations Divi	ision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



January 31, 2022

LEVENTE PAP 7795 EAGLE CREEK DR. SARASOTA, FL 34243

SUBJECT: LEV'SONIC, LLC Ref. Number: W22000009985

We have received your document for LEV'SONIC, LLC and your check(s) totaling \$160.00. 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.

Jossica A Fason Regulatory Specialist II

Letter Number: 222A00002414

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 LEV SONIC, LLC	:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Linical Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust,	, etc.)
First organized, formed or incorporated under the laws of Wyoming (Enter state, or if a non-U.S. entity, the name of the country)	
on 09 07 2016 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	on:
LEV SONIC, LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: January 31, 2022.	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days af	ter
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.	ie
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.

Signed this 1st day of April	20 22 .
Signature of Authorized Representative of Lim	ited Liability Company:
21 21 22 22	1020112
Signature of Authorized Representative: Pap Printed Name: LEVENTE PAP	THE DESCRIPTION OF STREET
Printed Name: LEVENIE PAP	Title: Programme and CEO
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
	1000 0000 000 1000 0000 0000 0000 0000 0000 0000 0000 0000
Signature:	
Printed Name: Levente Pap	Title: President and CEO
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Trined (vanic.	Titte.
Signature:	
Signature:Printed Name:	Title:
Signature:	Tial
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
TEEL ST. C. ID A II TO A IT IN	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	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

AKTICLE I - Name:	
The name of the Limited Liability Company is	s:
LEV SOUL LL (Must contain the words "Limited Liabil	Lity 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:
FARASOTA, FL 34243	1795 Eagle Creek Dr. Brx T. Sarasota, FL 34243
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Region business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
LEVENTE	PAP

Name 7795 EAG-LE CREEK DR.
Florida street address (P.O. Box NOT acceptable)

SARASOTA FL 34243
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:

"MGR" = Manager AMBR MGR DR LEVENTE PAP F195 EAGLE CREEK DR SARASOTA, FL 34243 (Use attachment if necessary) LE V: Other provisions, if any. 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 aw any false information submitted in a document to the Department of State constitutes a third degre as provided for in s.817.155, F.S.	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 aw any false information submitted in a document to the Department of State constitutes a third degree.	Title:	Name and Address:
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