# 22000215437

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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04/25/22--01006--010 \*\*150.00



## **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 corporation limited partnership general partnership comp	
(Enter entity type. Example: corporation, limited partnership, general partnership, comn	non law or business trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the	ne name of the country)
05/06/2019	
(date of organization, formation or incorporation)	
	tialar of Opposite tion.
3. The name of the Florida Limited Liability Company as set forth in the attached Ar	ncies of Organization:
WHITE GOLD GROUP, LLC	<u>_</u> -
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:  April 1, 2022  (The effective date: Connet be prior to date of receipt or filed date nor more than	
(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 d document's effective date on the Department of State's records.	ate will not be listed as the
dividual solitori to date on the population and the solitorian	
5. The plan of conversion has been approved in accordance with all applicable statutes	
<ol> <li>The plan of conversion has been approved in accordance with all applicable statutes</li> <li>The "Converted or Other Business Entity" has agreed to pay any members having apprawhich such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	
6. The "Converted or Other Business Entity" has agreed to pay any members having appra	
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6. The "Converted or Other Business Entity" has agreed to pay any members having appra	tisal rights the amount to
6. The "Converted or Other Business Entity" has agreed to pay any members having appra	tisal rights the amount to

### **COVER LETTER**

TO:	New Filing Se Division of Co					
SHR	IFCT: WHITEG	OLD GROUP, LLC				
SUB	JEC 1	(Name of Res	ulting Florida Lin	ited Con	npany)	
The e	enclosed Articles ness Entity" into	s of Conversion, Articl a "Florida Limited Li	les of Organiza ability Compar	tion, an ıy" in ad	d fees are submitted to convert an "Otheccordance with s. 605.1045, F.S.	eı
Pleas	e return all corre	espondence concerning	g this matter to:			
SERG	GEY ZIVENKO					
		(Contact Person)		_		
	<u> </u>	(Firm/Company)		_		
12000	BISCAYNE BLV	(Address)	·	_		
MIAM	II, FL 33181	(Address)				
	((	City, State and Zip Code)		_		
info@	whitegoldgroup.c	mom				
E-	mail Address: (to b	e used for future annual re	port notifications)			
For f	urther informati	on concerning this ma	tter, please call	:		
Natali	ia Trushina-Jimer	nez	_at ( <sup>305</sup>	6760	000	
	(Name of Conta	ect Person)	(Area Cod	e) (Day	ytime Telephone Number)	
		or the following amou a bank located in the		process	sed by this office must be payable in US	3
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified C		■\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 7		New Divis The C	Filing Section fion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	

Signed this 24	day of March	20 <u>22</u> .
Signature of Auth	orized Representative of Limi	ted Liability Company:
C:	rized Representative:	
Signature of Autho	ina-Jimenez, Natalia M	Title: AMBR
Printed Name: 11050	ina-Sirrenez, (vatana ivi	7 Tide: Awort
Signature(s) on bel	half of Other Business Entity:	See below for required signature(s)
organical equipment		
Signature:		
Printed Name: Ziven	ko, Sergey	Title: President
Signature:	lia Larian	mu Castani
Printed Name: Ziven	ko, Larisa	Title: Secretary /
		΄,
Signature:	<u> </u>	Title:
Printed Name:		Title
Signature:		
Printed Name:		Title:
Timed Tame.		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
	ntion: nan, Vice Chairman, Director, or cers have not been selected, an In	
If Florida General Signature of one Ge	Partnership or Limited Liabili eneral Partner.	ty Partnership:
If Florida Limited Signatures of ALL	Partnership or Limited Liabili General Partners.	ty Limited Partnership:
All others: Signature of an auth	norized person.	
Fees:		
Articles of	Conversion:	\$25.00
	orida Articles of Organization:	\$125.00
Certified C	<del>-</del>	\$30.00 (Optional)
Certificate	• -	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
WHITE GOLD GROUP, LLC	
(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:	Mailing Address:
12000 Biscayne Blvd, ste 220	12000 Biscayne Blvd, ste 220
Miami, FL 33181	Miami, FL 33181
Trushina-Jimenez, Nata	Name
12000 Biscayne Blvd,	
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)
Miami	FL <sup>33181</sup>
City	Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	at and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of almplete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 605, F.S  L's Signature (REQUIRED)
(CC	ONTINUED)

A	R	ΓI	C	١.	r	1	V	_
	1.		•				7	-

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

"AMBR" = Authorized Member	
"MGR" = Manager	77 0
AMBR	Zivenko, Sergey
	12000 Biscayne Blvd. ste 220
	Miami, FL 33181
AMBR	Zivenko, Larisa
<del></del>	12000 Biscayne Blvd, ste 220
	Miami, FL 33181
AMBR	Trushina-Jimenez, Natalia M
- MAIOI C	12000 Biscayne Blvd, ste 220
	Miami, FL 33181
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a doc	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am award ument to the Department of State constitutes a third degree for the section of the Department of State constitutes a state of the degree of the section of the Department of State constitutes as the section of the Department of State constitutes as the section of the section
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	ee with section 605,0203 (1) (b), Florida Statutes, I am aware
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a doce as provided for in s.817.155, F.S.  Zivenko, Sergey	r an authorized representative of a member see with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree for the property of the

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