L22000279626

(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



200381984442

ALLAHASSEF FIX

RECEIVED

JUN 20 PM 12

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

**WALK IN
ENTITY NAME M-SQUARED INTERNATIONAL, LLC
DOCUMENT NUMBER
PLEASE FILE THE ATTACHED AND RETURN
Plain Copy
XXXXXX Certified Copy
XXXXXXX Certificate of Status
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments
Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
Certificate of Status
Certificate of Status Reflecting:
APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION
NUMBER OF CERTIFICATES REQUESTED
TOTAL OWED \$ 185.00 ACCOUNT # 120160000072 4: 1

COVER LETTER

TO:	New Filing Se Division of Co				
CHD		ed International LLC			
SUB	ECT:	(Name of Rest	ilting Florida Lim	ited Com	ipany)
					d fees are submitted to convert an "Othercordance with s. 605,1045, F.S.
Pleas	e return all corre	spondence concerning	this matter to:		
Rahu	l Ranadive				
		(Contact Person)		_	
Carlto	on Fields, P.A.				
		(Firm/Company)			
700 N	IW 1st Ave Suite	1200			
•		(Address)		_	
Miam	ii, FL 33136				
	(0	ity, State and Zip Code)			
rrana	dive@carltonfield	s.com			
E-	mail Address: (to b	e used for future annual rep	iort notifications)		
For f	urther information	on concerning this mat	ter, please call		
Rahu	it Ranadive		_at (<u></u>	,539-	7237 rtime Telephone Number)
	(Name of Conta	et Person)	(Area Cod	e) (Day	rtime Telephone Number)
		or the following amou a bank located in the		proces:	sed by this office must be payable in US
(\$25.1 & \$10	50.00 Filing Fees for Conversion 5 for Articles ganization)	□\$155,00 Filing Fees and Certificate of Status	☐\$180,00 Fdir and Certified C		S185,00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add	ress:		Stree	t Address:
	New Filing S				Filing Section
	Division of C	orporations			ion of Corporations
	P.O. Box 632				Centre of Tallahassee
	Tallahassee, l	PIJ 32314		2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

Segment of a de

2022 JUN 20 PM 12: 22

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: M-Squared International Corp.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity—is a
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U,S, entity, the name of the country)
February 9, 2006
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
M-Squared International 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.

Signed this 16 day of June	20_22
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative:	Wide: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: landida dez	
Signature: Washida Manufoo	Title: Director
1	THE DICCON
Signature:	
Printed Name: 20hra Perry	Title: Director
Signature:Printed Name:	Title
Printed Name:	_ tric
Signature:	
Signature:Printed Name:	Title:
(2)	
Signature:Printed Name:	Title
Timed Name.	
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or Chairman	Officer.
If Directors or Officers have not been selected, an Inc	
term to at a land to the second to the secon	to Dagtangching
Hf Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnersing.
Agrature of the Ceneral Farmer.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
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 1 - Name:

The name of the Limited Liability Company is:

M-Squared International LLC (Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the po	rincipal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
15476 NW 77th Court	15476 NW 77th Court	
PMB 340	PMB 340	
Miami Lakes, FL 33016	Miami Lakes, FL 33016	
business entity with an active Florida registration.) The name and the Florida street address of the Rashida Mamujee Name	registered agent are:	2022 JUN 20
8411 Dundee Terrace	O. Box NOT acceptable)	20
Florida street address (P.C	O. Box NOT acceptable)	P T
Miami Lakes	FL 33016	FD PH 12: 22
City	Zip	N
registered agent and agree to act in this capa statutes relating to the proper and complete	in this certificate, I hereby accept the appo- icity. I further agree to comply with the pro- performance of my duties, and I am famil registered agent as provided for in Chapter	intment as ovisions of a liar with and

(CONTINUED)

ARTICLE IV-

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

<u>Tide:</u>	Name and Address:	
"AMBR" - Authorized Member		
"MGR" = Manager		
MGR	Rashida Mamujee	
	8411 Dundee Terrace	
	Miami Lakes, FL 33016	
MGR	Zohra Perry	
	7060 Torphin Terrace	
	Miami Lakes, FL 33014	
		_
		—— <u>∓</u> —20
(Use attachment if necessary)		2022 JUN 20 PM 12: 22 SHALL AHASSEE. FL
(Ose attachment if necessary)		22
		E 22
CLE V: Other provisions, if any.		
CIM V. Cinci provisions, ir any.		
		· · · · · · · · · · · · · · · · · · ·
	2	
REQUIRED SIGNATURE: /		
())		
	much w/	
Signature of a member or	an authorized represontative of a	ı member
This document is executed in accordance	with section 605,0203 (17(b), Florida Sta	tutes. Fain aware that
any false information submitted in a docu- as provided for in s.817,155, F.S.	ment to the Department of State constitute	s a unita degree letony
un provides our mentre in acceptance		
Rashida Mamujee, Manager		
Ту	ped or printed name of signee	
	Filino 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)