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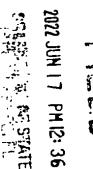
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Sikent WOLF INVESTMENTS (Name of Resulting	g Florida Limited Company)
	f Organization, and fees are submitted to convert an "Other ty Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning thi	s matter to:
Dank Pozo (Contact Person)	
(Firm/Company)	
2301 Lagura Circle, Apt 702 (Address)	
Miami, FL 33[8] (City, State and Zip Code)	
do 20 invistments @ gmail.com E-mail Address: (to be used for future annual report r	notifications)
For further information concerning this matter,	please call:
Name of Contact Person) at	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (dollars and drawn on a bank located in the Unit	All checks processed by this office must be payable in US ed States)
	S180.00 Filing Fees Certified Copy Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of New Jersey (Enter state, or if a non-U.S. entity, the name of the country)
on $\frac{7/21/2016}{\text{(date of organization, formation or incorporation)}}$.
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Silentwork Investments LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 6/1/2022. (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 / day of Jone	20 <u>22</u>
Signature of Authorized Representative of Limi	ited Liability Company:
	· · · - ·
Signature of Authorized Representative:	()18.
Signature of Authorized Representative:	Title: Ouner
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: COS Printed Name: <u>Oante Pozo</u>	
Printed Name: Danie / Pozo	Title: Owner
Signature:	
Signature:Printed Name:	Title:
Timed Name.	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Timed Name.	the.
Signature:	
Signature:Printed Name:	Title:
Signature:	753.4
Printed Name:	Little:
<u>If Florida Corporation:</u>	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
	r
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Doutnowskin.
Signatures of <u>ALL</u> General Partners.	ty Emitted Fartnership.
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	
Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Certificate of Status.	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	aony is
The name of the Elimied Elability Comp	Jany Is.
Silent WOLF InvestMe (Must contain the words "Limite	ENTS LLC ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2301 Laguna Circle Apt Juz Miami, FL 33181	2301 Laguna Circle Apt 702 Miami, FL 33181
ARTICLE III - Registered Agent, Reg	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Name 1 Pozo	,
	Name
2301 Loqura (IRCLE, Apt 702
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Momi	FL 33/8/ Zip
City	Zip
liability company at the place design registered agent and agree to act in thi statutes relating to the proper and co.	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 605, F.S
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(CONTINUED)

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Danie I Pozo
	2301 Laguna Circle, Apt 702
	Miami, FL 33181
	20
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(Use attachment if necessary)	
FRW OIL 11 10	
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: ———————————————————————————————————	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b). Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes. I am aware ment to the Department of State constitutes a third degree f
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes. I am aware ment to the Department of State constitutes a third degree f
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes. I am aware