# L22000366300

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

T. SCOTT AUG 2 2 2022



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OF CORPORATIONS
TALL AHASSEE, FLORIDA

FILED 1012 AUG 22 AH 9: 1-



August 9, 2022

YUNFEI ZHANG 15 LOCKE LANE LEXINGTON, MA 02420

SUBJECT: YZ CORNERSTONE, LLC

Ref. Number: W22000102784

We have received your document for YZ CORNERSTONE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Masschusetts IIc must convert to Florida.,

Please return the corrected original and one copy of 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.

Letter Number: 422A00017744

Tyrone Scott
Regulatory Specialist II
New Filings Section

www.sunbiz.org

# COVER LETTER

Division of C				
SUBJECT: YZ COR	NERSTONE, LLC			
Sobject.		ulting Florida L	imited Cor	npany)
				nd fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter t	to:	
Yunfei Zhang				
	(Contact Person)			
	(Firm/Company)			
15 Locke Lane				
	(Address)			
Lexington, MA 02420				
(1	City, State and Zip Code)		<del></del>	
yunfei.us@gmail.com				
E-mail Address: (to b	e used for future annual re	port notification	is)	
For further informati	on concerning this ma	tter, please ca	ill:	
Yunfei Zhang		_at ( <u></u>	<sub>)</sub> 718-	8127
(Name of Conta	ict Person)	(Area Co	ode) (Day	ytime Telephone Number)
	or the following amou a bank located in the			sed by this office must be payable in US
\$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Fi and Certified		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C	ection		New	t Address: Filing Section
P.O. Box 632				ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

# **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.

	ntity)
2. The "Other Business Entity" is a Limited Liability Company	(
	rship, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of	ate of Massachusetts, United States
(Ente	er state, or if a non-U.S. entity, the name of the country)
8/28/2014 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as so	et forth in the attached Articles of Organization:
YZ CORNERSTONE, LLC	<b>U</b>
(Enter Name of Florida Limited Liability C	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 the date this document is filed by the Florida Departmen Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	filed date nor more than 90 calendar days after it of State.)
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 which such members are entitled under ss. 605.1006 and 60	

Signed this 17th day of August	20_22
Signature of Authorized Representative of Limit	ted Liability Company
Signature of Authorized Representative:  Printed Name: YMfel Zhang	Tile:
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Yunfer Zhi	mprile: Manager, Member
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Ci company	
Signature: Printed Name:	Title
Printed Name:	TRIC:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit 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

(Must co	ONE, LLC			
	ontain the words "Limited Liabi	lity Company, "I	L.L.C.," or "L.L.C.")	
RTICLE II - Address: he mailing address and stree	et address of the principal office	of the Limited L	iability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
15 LOCKE LANE		15 LO	CKE LANE	
Lexington, MA 02	2420	Lexin:	gton, MA 02420	
	Na			
	7901 4TH ST N STE 300			
	7901 4TH ST N STE 300 Florida street address (P.		reptable)	
			eeptable) 33702	
	Florida street address (P.	O. Box <u>NOT</u> acc	•	

(CONTINUED)

ZOZZ AUG 22 AM 9: 1 = CARE AND OR VIDEO DIVISION OF CORPORATIONS

### **ARTICLE IV-**

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

	Name and Address:
"AMBR" = Authorized Member "MCP" = Manager	
"MGR" = Manager AMBR	Vunfai 7hana
AWBR	Yunfei Zhang 15 Locke Lane
	Lexington, MA 02420
AMBR	Xiangqun He
71110	15 Locke Lane
	Lexington, MA 02420
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Allog attachment if nagrammy	
(Use attachment if necessary)	
(Use attachment if necessary)	
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CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	r an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document.	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the
Signature of a member o This document is executed in accordance any false information submitted in a document any false information submitted in a document is successful to the submitted in a document is successful.	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the tument to the Department of State constitutes a third degree fellows.
Signature of a member o This document is executed in accordance any false information submitted in a document any false information submitted in a document is successful to the submitted in a document is successful.	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the tument to the Department of State constitutes a third degree fellows.
Signature of a member o This document is executed in accordance any false information submitted in a document any false information submitted in a document is successful to the submitted in a document is successful.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware the tument to the Department of State constitutes a third degree felomy for printed name of signee  Filing Fees

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