(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #))
PICK-UP	MAIT	MAIL
(Busin	ess Entity Name)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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RECEIVED

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: TALISHCO.LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED 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
•
On O4/03/2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TALISHCO.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.

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Signed this 06 day of OCTOBER	20_22
Signature of Authorized Representative of Limit	i
Signature of Authorized Representative: Printed Name: KHAYYAM FARAJOV	Title: AMBR
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)]
Signature: Printed Name: KHAYYAM FARAJOV Signature:	Title: AMBR
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Intle:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	
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)

PILLED
2022 OCT -7 PH 8: 33
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
TALISHCO.LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5401 S. KIRKMAN RD SUITE 310	5401 S. KIRKMAN RD SUITE 310
ORLANDO FL 32819	ORLANDO FL 32819
ARTICLE III - Registered Agent, Registered	Office & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registe	
business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
DED COLLABE ACCOUNTING	AND TAY LLC
RED SQUARE ACCOUNTING	
Name	
6052 TURKEY LAKE RD SUIT	E 144
Florida street address (P.O.	Box NOT acceptable)

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..

Zip

Registered Agent's Signature (REQUIRED)

ORLANDO

City

(CONTINUED)

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					, –

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	EADA ION KHAVYAM
AMBR	FARAJOV KHAYYAM 5401 S. KIRKMAN RD SUITE 310
	ORLANDO FL 32819
•	ORLANDO FL 32819
	
	
	
(Has attachment if neaggary)	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V. Omer provisions, it any.	
· -	
	
REQUIRED SIGNATURE:	
Mayorida armina	(~m)

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony

as provided for in s.817.155, F.S.

FARAJOV KHAYYAM

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agents
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show TALISHCO. LLC, an Ohio Limited Liability Company, Registration Number 4161983, was organized in the State of Ohio on April 3. 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th day of October, A.D. 2022.

1 flace

Ohio Secretary of State

Validation Number: 202227903266