22000432590

(Requestor's Name)	
(Address)	300392775
(Address)	000002770
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	08/29/22010400,
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	SSSVHV
	10. FL 05.
	(day 8/29/2

Office Use Only



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COVER LETTER

	New Filing Section Division of Corporations	-4	•
SUBJE	ECT: STEPKA CAPITAL LLC		
	(Name of Resulting Florida Limited Company)		

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

ANDY LEE							
	(Contact Person)						
LEE & WU LLP							
	(Firm/Company)						
533 AIRPORT BLVD	STE 400				<u> </u>	20	
	(Address)					22 AI	,
BURLINGAME, CA 94	1010				AHASSI	2022 AUG 2	*****
(City, State and Zip Code)					9	
ANDY@LEEWULLP.0	СОМ					T.	
E-mail Address: (to l	be used for future annual re	port notifications)		55.0	7: _	4-
For further informati	ion concerning this ma	tter, please cal	l:		==	<u>.</u>	
ANDY LEE		at (810-	6054			
(Name of Cont	act Person)	(Area Coo	le) (Da	ytime Telephone Number)	_		
	for the following amou a bank located in the	•	proces	sed by this office must	be paya	able in	US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status			
Mailing Add	lress:		Stree	t Address:			

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: "EPKA CAPITAL 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.
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
Fi	rst organized, formed or incorporated under the laws of CALIFORNIA (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)
٥n	10/15/2019
	10/15/2019 (date of organization, formation or incorporation)
	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
S٦	EPKA CAPITAL LLC
_	(Enter Name of Florida Limited Liability Company)
(T th <u>No</u>	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.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the coment'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.

2022 AUG 29 PM 7: 15

Signed this 18 day of Asy	20 VV .			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative:	Title: MEMBER			
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]			
Signature: Printed Name: JUSTEN STEPKA	Title: MEMBER	_		
		_		
Signature:Printed Name:	Title:	<u> </u>		
Signature:Printed Name:				
Printed Name:	Title:	-		
Signature:Printed Name:	Title:	_		
Signature: Printed Name:	Title:	<u> </u>		
Signature:	TOTAL .	_		
Printed Name:	fille;			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors 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 Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	IALLA IALLA	2022 A	_
All others: Signature of an authorized person.		LAHASSLE	2022 AUG 29	[
Fees:		. F 10.	PM 7	ſ
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	SALE VAL	7: 15	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
STEPKA CAPITAL LLC		
(Must contain the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
17837 LIVE OAK DRIVE	17837 LIVE OAK DRIVE	
DEER ISLAND, FL 32778	DEER ISLAND, FL 32778	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)		
The name and the Florida street address of the	he registered agent are:	
JUSTEN STEPKA		
N	ame	
17837 LIVE OAK DRIVE		
Florida street address (I	P.O. Box <u>NOT</u> acceptable)	
DEER ISLAND	FL 32778	
City	Zip	
	d in this certificate. I hereby ac pacity. I further agree to comp ete performance of my duties, at	cept the appointment as ly with the provisions of all nd I am familiar with and
		ILL 629 I

ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR, MGR	JUSTEN STEPKA
	17837 LIVE OAK DRIVE
	DEER ISLAND, FL 32778
	· -
	
(Use attachment if necessary)	
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	1.1 1.25 1.25 1.25
CLE V: Other provisions, if any.	ALLAHASSEF.
	<u> </u>
REQUIRED SIGNATURE:	FI ORBIT

Typed or printed name of signee

Filing 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)