22000449045

(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:



000391963400

08/11/22--01019--003 **150.00

L ... S ANCYGR VIDEO L CANCHISING DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

FILED
2022 OCT 19 AM 12: 3

OHAA W J 994 C T. SCOTT OCT 20 2022



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2022

ELAINE TORRES 700 ALMOND STREET CLERMONT, FL 34711

SUBJECT: NEW GENERATION PRODUCTS, LLC

Ref. Number: W22000109940

We have received your document for NEW GENERATION PRODUCTS, 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):

Washington 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: 622A00019059

Tyrone Scott Regulatory Specialist II New Filings Section

COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT:	lew Generation Product	s. LLC		
JOBSECT.	(Name	of Resulting Florida Lin	iited Cor	mpany)
The enclosed Ai Business Entity	ticles of Conversion, : `into a "Florida Limit	Articles of Organiza ed Liability Compar	tion, an ıy'' in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all	correspondence conce	erning this matter to		
Vladislav Kifori	shin			
	(Contact Person)			
New Generation	n Products, LLC			
	(Firm/Company)			
10311 Dog Pa	ch Lane			
	(Address)		_	
Clermont, FL	34715			
	(City, State and Zip C	ode)	_	
etorres@bretjo	nespa.com			
E-mail Address	: (to be used for future ann	ual report notifications)	_	
For further info	mation concerning thi	s matter, please call		
Elaine Torres		at (³⁵²	394-	4025
(Name of	Contact Person)		e) (Day	ytime Telephone Number)
	eck for the following and on a bank located in		proces	sed by this office must be payable in US
\$150.00 Filing (\$25 for Conversio & \$125 for Articles of Organization)	n and Certificate of	Fees S180.00 Filin and Certified Co	~	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing	Address:		Stree	et Address:
	ng Section			Filing Section
	of Corporations			sion of Corporations
P.O. Box				Centre of Tallahassee N. Monroe Street, Suite 810
Tallanas	see, FL 32314			hassee, 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.

1.	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: New Generation Products, LLC
	(Enter Name of Other Business Entity)
2	Limited Liability Company The "Other Rusiness Entity" is a
- -	The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
103	rst organized, formed or incorporated under the laws of
Г	(Enter state, or if a non-U.S. entity, the name of the country)
or	November 25, 2007
Oi	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	New Generation Products, LLC
_	(Enter Name of Florida Limited Liability Company)
th No	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.) Ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.
	DIVISION OF CORPORATION TALLAMASSEE, FLORIDA

Signed this day ofSeptember	_20 _22
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: A VIAL Printed Name: Vladislav Kiforishin	histor historian
Signature(s) on behalf of Other Business Entity:	
Signature: 15/ Walt Slow Kufferst Printed Name: Vladislav Kiforishin	
Printed Name: Vladislav Kiforishin	Title: Director
Signature:Printed Name:	
Printed Name:	Title:
Signature: Printed Name:	TML
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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

ARTICLE I - Na The name of the L	i me: Limited Liability Company i	s:	
Nev	w Generation Products, LLC		
(5)	lust contain the words "Limited Liab	ility Company, "L.L.C.," or "L.L	C.")
ARTICLE II - A The mailing addre		principal office of the L	imited Liability Company is:
Principal Office	Address:	Mailing Address:	
10311 Dog F	Patch Lane	10311 Dog Patch La	ane
Clermont, Fl		Clermont, FL 3471	
business entity with an	Company cannot serve as its own Reginactive Florida registration.) Florida street address of the Vladislav Kiforishin		ate an individual or another
	Nai		_
	10311 Dog Patch L		
	Florida street address (P.	O. Box NOT acceptable	:)
	Clermont	FL 34715	· - -
	City	Zip	
liability com registered agent statutes relatir	pany at the place designated t and agree to act in this cape ig to the proper and complet bligations of my position as i	in this certificate, I herei acity. I further agree to de e performance of my duti registered agent as provid gnature (REQUIRED)	ress for the above stated limited by accept the appointment as comply with the provisions of all res, and I am familiar with and ded for in Chapter 605, F.S., OLYGING AND/OR VIDEO TALLAHASSEE, FLORID AM 12: 3

AR	11	(F	IV-

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	VIII all all and VIII all all all a
MGR	Vladislav Kiforishin
	10311 Dog Patch Lane
	Clermont, FL 34715
(Hea attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
·	
LE V: Other provisions, if any.	
·	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. NONE	
LE V: Other provisions, if any. NONE REQUIRED SIGNATURE:	
LE V: Other provisions, if any. NONE REQUIRED SIGNATURE:	· bush
LE V: Other provisions, if any. NONE	form
REQUIRED SIGNATURE:	\mathcal{C}
REQUIRED SIGNATURE: J J J J J J J J J	Uman authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the
REQUIRED SIGNATURE: J J J J J J J J J	U authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or a member or a member or a member or any false information submitted in a document is executed in accordance.	(i) An authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the nent to the Department of State constitutes a third degree felorises.
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. VLADISLAV KII	(i) An authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the nent to the Department of State constitutes a third degree felorises.
REQUIRED SIGNATURE: (J) // Absolute V Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. VLADISLAV KII	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the nent to the Department of State constitutes a third degree felometric f