L22000507855

(Requestor's Name)
(Address)
(Address)
(,
(0) (0) (1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



800397028678

11/03/22--01009--911 **185.00

22 DEC -5 PH 7: 30 SECRETARY OF STATE





November 9, 2022

GARY TASHLITSKY 5550 GLADES ROAD STE 500 BOCA RATON, FL 33432

SUBJECT: UCG PROCESSING LLC

Ref. Number: W22000141369

We have received your document for UCG PROCESSING LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must type the complete/legal name of the individual(s) signing the document in each signature block.

An individual must sign on behalf of the business entity you have designated as the registered agent.

The registered agent must sign accepting the designation.

Please return 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 (850) 245-6052.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 022A00025137

FILED

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: CONVERSION FROM NEW YOR	RK TO FLORIDA		
SUBJECT:	sulting Florida Limi	ted Company)	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	les of Organizati	ion, and fees are submitted to convert " in accordance with s. 605.1045, F.	an "Other S.
Please return all correspondence concernin	g this matter to:		
GARY TASHLITSKY			
(Contact Person)		=	
UCG PROCESSING LLC			
(Firm/Company)		_	
5550 GLADES ROAD SUITE 500			
(Address)		-	
BOCA RATON, FL 33431			
(City, State and Zip Code)		_	
GARY@UCGPROCESSING.COM			
E-mail Address: (to be used for future annual re	eport notifications)	_	
For further information concerning this ma	atter, please call:		<u> </u>
GARY TASHLITSKY	at (⁹¹⁷	₎ 445-6262	22 DEC SECRE! ALL AH!
(Name of Contact Person)	(Area Code	(Daytime Telephone Number)	ARC DEC
Enclosed is a check for the following amordollars and drawn on a bank located in the	unt: (All checks United States)	processed by this office must be paya	PSC CENTRAL PROPERTY OF THE PR
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Starus	S180.00 Filing and Certified Co		SIME FLORIBE
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

FILE

Articles of Conversion For "Other Business Entity"

Florida Limited Liability Company

"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida

Into

The Articles of Conversion and attached Articles of Organization are submitted to convert the following

Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: UCG PROCESSING LLC (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country) **OCTOBER 17, 2017** on (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: UCG PROCESSING 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 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 19TH day of OCTOBER 20	
Signature of Authorized Representative of Limited Liability Company:	
Signature of Authorized Representative: Printed Name: BORIS GITMEID Title: Authorized Representative: Title: Authorized Representative:	eresentative
Signature(s) on behalf of Other Business Entity: [See below for required signature	e(s)]
Signature: Bour br	
Signature: Down O Title: Authorized Ren	opesin tative
Signature:	<u>-</u>
Printed Name: Title:	
Signature: Title:	
Signature:	
Printed Name: Title:	
Signature:	
Printed Name: Title:	
Signature:	
Signature: Title: Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.	
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.	SECRE! ALLAH
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.	ARY OI ASSEE.
All others: Signature of an authorized person.	FLORII FLORII
Fees:	ವೆಬ

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

\$30.00 (Optional)

Certified Copy: Certificate of Status:

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: UCG PROCESSING LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 5550 GLADES ROAD 5550 GLADES ROAD SUITE 500 SUITE 500 BOCA RATON, FL 33431 **BOCA RATON, FL 33431** ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: IRINA KUROCHKINA Name 5550 GLADES ROAD SUITE 500 Florida street address (P.O. Box NOT acceptable) **BOCA RATON**

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.

Vina Kurochure_
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ART	ICLE	IV-
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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	IOINA KUOOCHKINA	
AMBR	IRINA KUROCHKINA	<u></u>
	19602 BLACK OLIVE LANE	
	BOCA RATON, FL 33498	
	BORIS GITMEID	
AMBR	4 LEXINGTON COURT	
	COLTS NECK, NJ 07722	
	COLIS NECK, NJ 07722	 _
		
		
		<u> </u>
		
(Use attachment if necessary)		
(Use attachment if necessary)		₹
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CT E M. Other provisions if any		CRE T
CLE V: Other provisions, if any.		₩ <u>₩</u>
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REQUIRED SIGNATURE:		<u> </u>
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11 : //	while in	5 <u>7</u>
i Vaina Kuu		

IRINA KUROCHKINA

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)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

UCG PROCESSING LLC

DOS ID Number:

5219273

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:
Date of Initial Filing with DOS:

EXISTING

10/17/2017

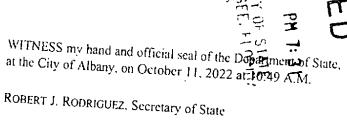
Statement Status:

PAST DUE DATE

Statement Due Date:

10/31/2019

No information is available from this office regarding the financial condition, business activity or practices of this entity.





Braden C Hylan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002322259 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov