L22000508400

(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:				

Office Use Only



800392500088

S. CHATHAM

DEC - 6 2022

SECRETARY OF STATE
DIVISION OF CORPORATION

PALISTERS OF PH 3: 46

COVER LETTER

TO:	New Filing S Division of C				
SHRJ	IECT: DEVYN.	LLC			
5000		(Name of Res	sulting Florida Lim	iited Cor	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
Yanni	ck NAMIA				
		(Contact Person)		_	
DEVY	'n				
	•	(Firm/Company)		_	
495 B	rickell Ave, Unit	4011			
		(Address)		_	
Miami	, FL 33131				
		City, State and Zip Code)			
yannid	ck.namia@gmail	.com		_	
E-n	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	orther informati	on concerning this ma	tter, please call:		
Yanni	ck Namia		_at (387-	6818
	(Name of Conta	ict Person)		c) (Day	time Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	☐S155.00 Filing Fees and Certificate of Status	□S180.00 Filin and Certified Co	_	S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Division The Co	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500						
ACCOUNT NO. : I2000000195						
REFERENCE : 181108 8252649						
AUTHORIZATION: THE BEENE						
COST LIMIT : \$ 185.00						
ORDER DATE : December 5, 2022						
ORDER TIME : 2:52 PM						
ORDER NO. : 181108-010						
CUSTOMER NO: 8252649						
DOMESTIC AMENDMENT FILING						
NAME: DEVYN, INC.						
EFFECTIVE DATE:						
XX ARTICLES OF AMENDMENT/CONVERSION RESTATED ARTICLES OF INCORPORATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
XX CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Eyliena Baker EXT#						

EXAMINER'S INITIALS:

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: DEVYN, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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 11/09/2022 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: DEVYN, 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.

Signed this 6th day of December 2022	20
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Yannick Namia	Title: Member
rinica ivanic, ranner ivania	TRIC. Welliber
Signature(s) on behalf of Other Business Entity:	• •
Signature: Printed Name: Yannick Namia	
Printed Name: Yannick Namia 0	Title: President
Signature:	
Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
6:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Timed Name.	
Signature:	
Printed Name:	Intle:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
if Directors of Officers have not been selected, an inc	corporator must sign.
If Florida General Partnership or Limited Liability	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Certificate of Grands.	Second Optionary

22 DEC -6 AM 11: 05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DELAM, III O	
DEVYN, LLC (Must contain the words)	"Limited Liability Company, "L.L.C.," or "LLC.")
(man comain the nords	Eliminate Blacking Company. B.E.C., or Elec.
ARTICLE II - Address:	
The mailing address and street add	ress of the principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
495 Brickell Ave, Suite 4011	495 Brickell Ave, Suite 4011
Miami, FL 33131	Miami, FL 33131
ARTICLE III - Registered Agen	t, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve business entity with an active Florida registre.) The name and the Florida street ad	as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are:
(The Limited Liability Company cannot serve business entity with an active Florida registre	as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are:
(The Limited Liability Company cannot serve business entity with an active Florida registre.) The name and the Florida street ad	as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are:
(The Limited Liability Company cannot serve business entity with an active Florida registre.) The name and the Florida street ad	as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are:
(The Limited Liability Company cannot serve business entity with an active Florida registre.) The name and the Florida street ad Corporation Ser 1201 Hays Street	as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are: vice Company Name Name
(The Limited Liability Company cannot serve business entity with an active Florida registre.) The name and the Florida street ad Corporation Ser 1201 Hays Street	as its own Registered Agent. You must designate an individual or another ation.) dress of the registered agent are: vice Company Name A High Care agent are:

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

Yannick Namia

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
AMBR	Yannick Namia			
	495 Brickell Ave, Suite 4011			
	Miami, FL 33131			
	DIVISION			
	2 VIS			
	<u> </u>			
				
	## 11 · 06			
(Use attachment if necessary)	9 6 %			
(Sou anadiment it incochiaty)				
RTICLE V: Other provisions, if any.				
ANTICLE V. Oulei provisions, if any.				
DECLUDED OLON, DANS				
<u>REQUIRED</u> SIGNATURE:	NI			
$\wedge \lambda$	1 102			
(0 —			
Signature of a member or	an authorized representative of a member			
	e with section 605.0203 (1) (b), Florida Statutes. I am aware that			
any false information submitted in a docu	iment to the Department of State constitutes a third degree felony			

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)