# L22000529995

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ві	ısiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	<del> </del>			

Office Use Only



800398665068

12/18/22--01013--008 \*\*180.00

ZZ DEC 16 AMIO: 02 SECRETARY OF STATE FILED

# **COVER LETTER**

Division of C	orporations						
SUBJECT: TF Mana	gement Group LLC						
SOBJECT.		ulting Florida Limi	ted Con	npany)	-		
				nd fees are submitted to decordance with s. 605.10		"Other	Ī
Please return all corre	espondence concerning	g this matter to:					
Paula Barnett							
	(Contact Person)		_				
Pino Nicholson PLLC							
	(Firm/Company)	-	-				
99 S. New York Ave.							
•	(Address)		<b>-</b>				
Winter Park, FL 3278	9		_				
{(	City, State and Zip Code)		_				
pbarnett@pinonicholse	onlaw.com		_				
E-mail Address: (to b	e used for future annual re	port notifications)			1	_	
For further informati	on concerning this ma	tter, please call:			SECF	22 DEC 16	7
Paula Barnett		at ( 407	,425-	·7831 ext. 108	£(1)	. 3	
(Name of Conta	act Person)		(Da	ytime Telephone Number)	SS(RY		, !
Enclosed is a check t dollars and drawn on	or the following amou a bank located in the	int: (All checks United States)	proces	sed by this office must b	pe payable SI N	AFOU: UZ	C
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	- ÇM	10	
Mailing Add	ress:		Stree	et Address:			
New Filing S	ection		New	Filing Section			
Division of C				sion of Corporations			
P.O. Box 632	2.7		ine (	Centre of Tallahassee			

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32314

TO: New Filing Section

# **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:  TF Management Group 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
June 10, 2014  on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  TF Management Group 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 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 histed 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 12th day of December	20_ <u>22</u>
Signature of Authorized Representative.of	Limited Liability Company:
Signature of Authorized Representative:	Mikhail Flotnik
Printed Name: Mikhail Zlotnik	Title: Manager
Signature(\$)-on-behalf of Other Business-Ent	sitv <sub>1</sub> [See below for required signature(s)]
Signature: Mikhail Blotnik	
Printed Name: Mikhail Zlotnik	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	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.

# If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL 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:

\$30.00 (Optional)

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	ie.				
The name of the Ennited Elability Company	is.				
TF Management Group LLC					
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC."	)			
ARTICLE II - Address:					
The mailing address and street address of the	principal office of the Limi	ited Liability Company is:			
Principal Office Address:	Mailing Address:				
99 S. New York Ave.	P.O. Box 1750				
Winter Park, FL 32789	Winter Park, FL 32790				
(The Limited Liability Company cannot serve as its own Republishess entity with an active Florida registration.)  The name and the Florida street address of the Laurence J. Pino, P.A.					
Na	me				
99 S. New York Ave.					
· <del></del>	O. Box NOT acceptable)	,			
Winter Park	FL 32789	22 FALI			
City	Zip	DEC T			
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as it.    Registered Agent's Signature   Registered Agent's Signatu	acity. I further agree to con te performance of my duties,	ply with the provisions whall and I am Jamilian with and			

	•		~ T		
Α	К	Т		.t.	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		
MGR	Mikhail Zlotnik	<del></del>
	99 S. New York Ave.	
	Winter Park, FL 32789	<u> </u>
		<del></del>
	<del></del>	
		<del></del>
(Use attachment if necessary)		
(ose anaemient ii necessary)		
ICLE V: Other provisions, if any.		
TOLSE V. Other provisions, if any.		Fis N
		<u>N</u>
·		
<del></del>		
DEALIDED SIGNATURE		ARY SSE
REQUIRED SIGNATURE:		mo 💌 🗀
İ	Mikhail Blotnik	
	A TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	<del></del>
		5.5 <b>%</b>
	an authorized representative of a r	
	e with section 605.0203 (1) (b), Florida Statu	
as provided for in s.817.155, F.S.	iment to the Department of State constitutes a	tnira degree felony

Mikhail Zlotnik

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)

#### **COVER LETTER**

TO: New Filing S Division of C								
SUBJECT: TF Man.	·							
SUBJECT:	(Name of Res	sulting Flor	ida Limite	ed Con	npany)	_		
			~		d fees are submitted to ecordance with s. 605.4			ier
Please return all corr	respondence concernin	g this ma	tter to:					
Paula Barnett								
	(Contact Person)							
Pino Nicholson PLLC								
	(Firm Company)							
99 S. New York Ave.								
	(Address)							
Winter Park, FL 3278								
	City, State and Zip Code)							
pbarnett@pinonichols	•					Ŧ.,,	<b>N</b>	
	pe used for future annual re	aver maritie	entione)			SECRETARY FALLAHASSE	22 DEC 16	
trinair ragicess, go i	re used for taking annual re	pear nource	.acions)			₹ <u></u>	)EC	
	ion concerning this ma					SS AS	<del>ا</del> ک	
Paula Barnett		at ( 407		425-	7831 ext. 108		2	Γ
(Name of Cont	act Person)	(Ar	rea Code)	(Day	time Telephone Number)	_ <u> </u>	=	C
Enclosed is a check (dollars and drawn or	for the following amor a bank located in the	int: (All c United Si	thecks pr tates)	oces:	7831 ext. 108  time Telephone Number) sed by this office must	조용 Hugged od	e initis	S
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		00 Filing I ified Copy		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status			
Mailing Add	ress:		9	Stree	t Address:			
			New Filing Section					
Division of C	•				ion of Corporations			
P.O. Box 632	27		,	The (	'entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314