# L22000531202

(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:





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SECRETARY OF STATE

SALLAHASSEF FIREIR

FILED

# **COVER LETTER**

TO: New Filing Sc Division of Co						
SUBJECT: TF Michig	•					
SUBJECT:	(Name of Res	ulting Florida Lin	nited Con	ipany)	<del></del>	
The enclosed Articles Business Entity" into	of Conversion, Articl a "Florida Limited Li	es of Organiza ability Compa	ntion, an ny" in ac	d fees are submitted to coordance with s. 605.	o convert an "Other 1045, F.S.	
Please return all corre	espondence concerning	this matter to	:			
Paula Barnett			_			
	(Contact Person)					
Pino Nicholson PLLC						•
	(Firm/Company)				5° <b>°</b>	
99 S. New York Ave.					20 ECI	<b>7</b> 1
	(Address)				ART EC	
Winter Park, FL 32789	}				22 DEC 19 AM 1:1 SECRETARY OF STAR ALLAHASSEC, FLOOR	
((	City, State and Zip Code)					
pbarnett@pinonicholsc	nlaw.com					$\odot$
E-mail Address: (to b	e used for future annual re	port notifications	)		AM II I 7 COF STATE EC. F LOOP	
For further information	on concerning this ma	tter, please cal	l:		• • • • • • • • • • • • • • • • • • • •	* *,
Paula Barnett		at ( <sup>407</sup>	, 425-	7831 ext. 108		
(Name of Conta	et Person)		ie) (Day	time Telephone Number)	<del></del>	
	or the following amou a bank located in the		s proces:	sed by this office mus	t be payable in US	
☐ \$150.00 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		
<u>Mailing Add</u> New Filing S				t Address: Filing Section		

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

### **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 Ar TF Michigan 4 Promote LLC	ticles of Conversion is:
(Enter Name of Other Business Entity)	<u> </u>
2. The "Other Business Entity" is a limited liability company  (Enter entity type: Example: corporation, limited partnership, general partnership, con	nmon 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)
July 14, 2022 on .	:
(date of organization, formation or incorporation)	<b>22</b> TALI
3. The name of the Florida Limited Liability Company as set forth in the attached A	urticles For Emization:
TF Michigan 4 Promote LLC	ARY VSSE
(Enter Name of Florida Limited Liability Company)	<b> </b>
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 that 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 document's effective date on the Department of State's records.	•
5. The plan of conversion has been approved in accordance with all applicable statute	es.

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_22
Signature of Authorized Representative-	of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Mikhail Zlotnik	Mikhail Blotaik  Title: President of Manager
Wibbait Watrib	[See below for required signature(s)]
Signature: Printed Name: Mikhail Zlotnik	Title: President of 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, Dire If Directors or Officers have not been selected	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:
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 - Na	Pb\$45*		
	limited Liability Company	is:	
TF Michigan 4 Pror	mote III C		
		ability Company, "L.L.C.," or "LLC.")	<del></del>
The mailing addre		e principal office of the Limited	Liability Company is:
The maning addre	and silver address of the	o principal office of the islinited	Elability Company is.
Principal Office	Address:	<b>Mailing Address:</b>	
99 S. New York Av	e.	P.O. Box 1750	
Winter Park. FL 32		Winter Park, FL 32790	
ADTICLE III I	Davistanad Agant Davista	and Office & Desistant Land	41° 61
(The Limited Liability C		ered Office, & Registered Agen egistered Agent, You must designate an inc	
The name and the	Florida street address of the	ha ragistarad agant ara-	
The name and the	Tiorida sirect address of ti	ne registered agent are.	
	Laurence J. Pino, P.A.	<u> </u>	
	N	ame	<b>22</b> \$E! \$AL!
	99 S. New York Ave.		- 55 <b>□ 7</b> 1
	Florida street address (I	P.O. Box NOT acceptable)	DEC 19 CRETARY LAHASSE
	Winter Park	FL 32789	
	City	Zip	AM III
Having been na	ımed as revistered avent an	nd to accept service of process for	the above-stated limited
liability com	pany at the place designate	d in this certificate, I hereby acce	ept the appointment as
registered ageni	t and agree to act in this cap	pacity. I further agree to comply	with the provisions of all
statutes relativ	ig to the proper and comple bliggings of my powition as	ete performance of my duties, and registered agent as provided for	<b>Wam familiar with and</b> in Chapter 605 F.S.
accept the of		registered agent as provided for	in Chapter 605, 1 .5
		Various (DEOLUBED)	
_	Registered Agent's	gnature (REQUIRED)	
	COXI	TINHEDA	

### ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	TF MGMT CORP	
WON	99 S. New York Ave.	
	Winter Park, FL 32789	
<del></del>		
	-	<del></del>
		· <del>-</del>
		<del></del>
(11 m. 244 days and 15 m		end
(Use attachment if necessary)		22 SEI ALI
		DEC CRET LAH)
TICLE V: Other provisions, if any.		C 19
		Me a
		= 0
REQUIRED SIGNATURE:	Table 12 de 19 de 2002 - 14 de 19 de	
	Mikhail Blotnik	

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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MI	IKTI.	all	/ IO	tnik

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)