# 23000014489

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

V42/W/59 9 8 8 T. SCOTT DAN 12 2023



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December 16, 2021

MELANIE MCCREADY 10055 SLATER AVE #250 FOUNTAIN VALLEY, CA 92708

SUBJECT: ISA INITIATIVES LLC Ref. Number: W21000159488

We have received your document for ISA INITIATIVES 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):

Please complete date information on page 2 of conversion.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

Letter Number: 021A00030405

### **COVER LETTER**

TO:	New Filing S Division of C				
SHRI	ECT: ISA INIT	IATIVES LLC			
3 <b>0 D</b> 0			sulting Florida Lim	ited Cor	npany)
			_		nd 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:		
MELA	NIE MCCREAD	Y			
	,	(Contact Person)		<del>-</del>	
COBA	LT UNLIMITED				
		(Firm/Company)		_	
10055	SLATER AVE.,	#260			
		(Address)		_	
FOUN	TAIN VALLEY, (	CA 92708			
	((	City, State and Zip Code)		_	
VCHA	PLYTSKA@GM	AIL.COM		_	
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	rther informati	on concerning this ma	tter, please call:		
MELA	NIE MCCREAD	<b>Y</b>	at ( <sup>714</sup>	893-	5400
	(Name of Conta	ct Person)		:) (Day	rtime Telephone Number)
		or the following amou a bank located in the		proces	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add				t Address:
	New Filing Some Division of C				Filing Section ion of Corporations
	P.O. Box 632	•			Centre of Tallahassee
	Tallahassee, I	FL 32314		2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

### **Articles of Conversion**

For

## "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

ISA INITIATIVES LLC (Enter Name of Other Business Entity)	<del></del> •
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	
(Enter entity type. Example: corporation, limited partnership, general partnersh	nip, common law or business trust, etc.
First organized, formed or incorporated under the laws of	entity, the name of the country)
01/23/2017 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attac	hed Articles of Organization:
ISA INITIATIVES LLC	
(Enter Name of Florida Limited Liability Company)	
4 70 . 00 . 1 . 1 . 0.01: 1 . 00 . 1 . 04/44/0000	
4. If not effective on the date of filing, enter the effective date: 01/11/2023 (The effective date: Cannot be prior to date of receipt or filed date nor mor 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 requirement document's effective date on the Department of State's records.	•
(The effective date: Cannot be prior to date of receipt or filed date nor mor 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 requirement	is, this date will not be listed as the
(The effective date: Cannot be prior to date of receipt or filed date nor mor 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 requirement document's effective date on the Department of State's records.	s, this date will not be listed as the statutes.  g appraisal rights the amount to

Signed this First day of JANUARY	20 23
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: VIKTORIYA CHAPLYSTKA	Site: MANAGER/MEMBER
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: VIKTORIYA CHAPLYSTKA	
Printed Name: VIKTORIYA CHAPLYSTKA	Title: MANAGER/MEMBER
Signature:	
Printed Name:	Title:
Signature:	
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 If Directors or Officers have not been selected, an Ir	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:
All others: Signature of an authorized person.	
<del>Fees</del> :	
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 -	Name:		
	ne Limited Liability Compar	ıy is:	
ISA INITIATIVE			
	(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing ac		he principal office of the Limite	d Liability Company is:
Principal Offi	ice Address:	Mailing Address:	
1270 HARRISC	DN ST., UNIT 5A#1	1270 HARRISON ST., UNI	T 5A#1
HOLLYWOOD,		HOLLYWOOD, FL 33020	<u> </u>
<del></del> -			
(The Limited Liabi business entity wi	I - Registered Agent, Regist lity Company cannot serve as its own than active Florida registration.) the Florida street address of	tered Office, & Registered Age Registered Agent. You must designate an i  the registered agent are:	ent's Signature: individual or another
	VIKTORIYA CHAPLYTSI	KA	
		Vame	
	4070 114 77000 107 114	. Lotte	
	1270 HARRISON ST., UI	(P.O. Box NOT acceptable)	
	HOLLYWOOD	FL 33020	
	City	Zip	
liability co registered ag statutes relo	ompany at the place designal tent and agree to act in this catting to the proper and comple obligations of my position a Registered Agent's	and to accept service of process for this certificate, I hereby acceptance of my duties, and a period agent as provided for the service (REQUIRED)	cept the appointment as ly with the provisions of all nd I am familiar with and

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	ViktoriyA Chaplel
MGR" = Manager	)
MGR	1270 HARRISON ST., UNIT 5A#1
	110001110005,1100020
	<u> </u>
	<del> </del>
Use attachment if necessary)	
Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:	J. J
LE V: Other provisions, if any.	M.
REQUIRED SIGNATURE:  Signature of a member or a	an authorized representative of a member
Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am awar
Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am awar ment to the Department of State constitutes a third degree
Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am awar ment to the Department of State constitutes a third degree
Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S.  VIKTORIYA CHAPLYSTKA	with section 605.0203 (1) (b), Florida Statutes. I am awar

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

ARTICLE IV-