# 12300019245

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2022 DEC -7 AM 7: 56 SECRETARY OF STATE

W22-135875

#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: SHENTEST L.L.C	•
(Name of Resulting Florid	
The enclosed Articles of Conversion, Articles of Org Business Entity" into a "Florida Limited Liability Co	anization, and fees are submitted to convert an "Other ompany" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matt	ier to:
Laurence Scheck (Contact Person) SHENTEST L.L.C. (Firm/Company)	
17351 Polo Trl	<del></del>
Bradenton FL. 34211 (City. State and Zip Code)	
(City. State and Zip Code)    arry. Scheck @ shentest   E-mail Addless: (to be used for future annual report notificat	o COM
For further information concerning this matter, please	
(Name of Contact Person) at (73)	2,299-8140
Enclosed is a check for the following amount: (All che dollars and drawn on a bank located in the United States	ecks processed by this office must be payable in US
\$150.00 Filing Fees \$\Bigsiz \text{I}\$\$155.00 Filing Fees and Certificate of and Certificate of Status of Organization}	Filing Fees  Certified Copy, and Certificate of Status
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 8 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

2022 0 7 - 7 PM 1: FLORIDA DEPARTMENT

FLORIDA DEPARTMENT OF STATE

October 27, 2022

LAURENCE SCHECK SHENTEST L.L.C. 17351 POLO TRL BRADENTON, FL 34211

SUBJECT: SHENTEST L.L.C. Ref. Number: W22000135875

Division of Corporations

Signed decuments affactived

Lawrence Scheck and

Lawrence 132-291-8140/

12/5/201

We have received your document for SHENTEST L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Artilces of Conversion. A signature is missing.

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 call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 722A00024142

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## **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:  SHENTEST L.L.C.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of <u>NEW TERSEY</u> (Enter state, or if a non-U.S. entity, the name of the country)
on June 27, 2016 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
SHENTEST L.L.C.
(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 locument's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
<ol> <li>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.</li> </ol>
2022 DEC SECRETALLA

Signed this 16 day of October	20 <b></b>
Signature of Authorized Representative of Lin	ited Liability Company:
Signature of Authorized Representative:	um dent resident
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Laurence Sheck	
Signature:Printed Name:	Title:
Signature:Printed Name:	Fitle:
Signature:Printed Name:	Tide
rimed Name.	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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SECRETARY OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SHENTEST L.L.C.	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LI	.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address: Mailing Address:	
7351 Polo Trl 17351 Polo	Trl
Bradenton, FL 34211 Bradenton, 1	FC 34211
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent. You must design business entity with an active Florida registration.)	d Agent's Signature: ate an individual or another
The name and the Florida street address of the registered agent are:	
Laurence Scheck	
17351 Polo Trail	
Florida street address (P.O. Box NOT acceptable	·)
Bradenton FL 342	<u>()</u>
City Zip	
Having been named as registered agent and to accept service of procliability company at the place designated in this certificate, I hereforegistered agent and agree to act in this capacity. I further agree to a statutes relating to the proper and complete performance of my duticacept the obligations of my position as registered agent as providing accept the Agent's Signature (REQUIRED)	y accept the appointment as omply with the provisions of all es, and I am familiar with and
(CONTINUED)	2022 DEC -7 SECRETARY

Title:	Name and Address:
"MGR" = Authorized Member "MGR" = Manager  President	Laurence Scheck
	Bradeston, FL 3A211
(Use attachment if necessary)	
<b>I.E V:</b> Other provisions, if any.	
required sig≱ature:() _ ^	1 2
Carrier of Co	

aurence Scheck
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)

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.

