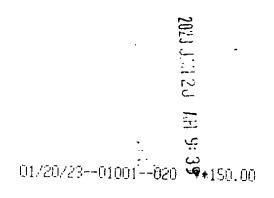
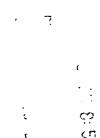


(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Đo	cument Number)	
ed Copies	_ Certificates	of Status
-c al Instructions to	Filing Officer.	

Office Use Only







COVER LETTER

Division of C	orporations			
SUBJECT: AFCACL	JSTOM LLC			
<u></u>		ulting Florida Lit	nited Cor	npany)
		_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr-	espondence concerning	g this matter to):	
ALEX PINA				
	(Contact Person)			
ALEX PINA CO				
	(Firm/Company)			
8400 NW 36TH ST ST	E 450			
	(Address)			
DORAL, FL 33166				
(1	City, State and Zip Code)			
CLIENT@ALEXPINA.	00			
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please cal	l:	
Alex Pina		_at (<u></u>	\803-	8471
(Name of Conta	ect Person)		le) (Day	(time Telephone Number)
	for the following amou a bank located in the	•	proces:	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□S180.00 Fili and Certified C	_	□S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:		Stree	t Address:
New Filing S			New	Filing Section
Division of C				ion of Corporations
P.O. Box 632	. 1		ine C	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

Articles of Conversion

"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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: AFCACUSTOM 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, et
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
02/05/2020 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
AFCACUSTOM 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 afte the date this document is filed by the Florida Department of State.)
<u>Note:</u> 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 22ND day of DECE	EMBER 2	0_22
Signature of Authorized Represe	ntative of Limited	Liability Company:
Signature of Authorized Representa Printed Name: ADNAN FAYYAD	ntive:	itle: MEMBER
Signature(s) on behalf of Other Bu		
Signature:Printed Name: ADNAN HAYYAD	1	itle: MEMBER
Signature:Printed Name:	1	Title:
Signature:Printed Name:	1	Title:
Signature:Printed Name:	1	itle:
Signature:Printed Name:	1	Title:
Signature:Printed Name:		itle:
If Florida Corporation: Signature of Chairman, Vice Chairman If Directors or Officers have not bee		
If Florida General Partnership or Signature of one General Partner.	<u>Limited Liability I</u>	<u>Partnership:</u>
If Florida Limited Partnership or Signatures of <u>ALL</u> General Partners	_	<u>.imited Partnership:</u>
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Certified Copy: Certificate of Status:	Organization: \$	25.00 125.00 30.00 (Optional) 5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AFCACUSTOM LLC			_	
(Mı	ist contain the words "Limited I	diability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Ac	ldress:			
The mailing address	ss and street address of t	he principal office of the Limited Liability (Company is	
Principal Office Address:		Mailing Address:		
8841 SW 172TH AV	'E	8841 SW 172TH AVE		
UNIT 411		UNIT 411	_	
MIAMI, FL 33196		MIAMI, FL 33196		
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.)	tered Office, & Registered Agent's Signat Registered Agent. You must designate an individual or an the registered agent are:		
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.)	Registered Agent. You must designate an individual or an		
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.) Florida street address of ALEX PINA CO	Registered Agent. You must designate an individual or an		
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.) Florida street address of ALEX PINA CO	Registered Agent. You must designate an individual or an the registered agent are:		
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.) Florida street address of ALEX PINA CO 8400 NW 36TH ST STE	Registered Agent. You must designate an individual or an the registered agent are:		
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.) Florida street address of ALEX PINA CO 8400 NW 36TH ST STE	Registered Agent. You must designate an individual or an the registered agent are: Name 450 (P.O. Box NOT acceptable)		
(The Limited Liability C business entity with an	ompany cannot serve as its own active Florida registration.) Florida street address of ALEX PINA CO 8400 NW 36TH ST STE Florida street address	Registered Agent. You must designate an individual or an the registered agent are: Name		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

A	D	TI	CI	F	IV_{-}
-	п		\ .	4 1	

as provided for in s.817.155, F.S.

ADNAN FAYYAD

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

<u>Title:</u>	Name and Address:
" Λ MBR" = Authorized Member	
"MGR" = Manager	
MGR	ADNAN FAYYAD
	8841 SW 172ND AVE UNIT 411
	MIAMI, FL 33196
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	6 23
	23 Jail 20
	<u> </u>
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(Use attachment if necessary)	
(Ose attachment if necessary)	
LE V: Other provisions, if any.	
zes , v otnet provisions, ii un ,	
REQUIRED SIGNATURE: /	\sim
	/_
	
1 1 1	

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