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| PICK-UP | _ | MAIL |
| (Busi | iness Entity Nar | ne) |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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23 JAN 30 AM II: 08 SECRETARY OF STATE TALL AHASSEE, FLOORDS

FILED

COVER LETTER

| TO: | New Filing Se Division of C | | | | | | | |
|--------------------|---|---|------------------------------------|-------------------------------|--|----------------------------|-----------|--------------|
| SUB. | JECT: AAMANA | AT LLC | | | | | | |
| | | (Name of Res | sulting Florida Lin | nited Cor | npany) | | | |
| | | | _ | | nd fees are submitted to coraccordance with s. 605.1045 | | ı "Othe | r |
| Pleas | e return all corre | espondence concernin | g this matter to | : | | | | |
| AHM | ED SAZZADUL | | | | | | | |
| | | (Contact Person) | | | | | | |
| | | (Firm/Company) | | — | | | | |
| 501 B | LAIRSTONE RD | # 1906 | | _ | | | | |
| | | (Address) | | | | | | |
| TALL. | AHASSEE, FL 32 | 2301 | | | | | | |
| | ((| City, State and Zip Code) | | _ | | | | |
| SILVE | RCONNECTION | I@GMAIL.COM | | | | | | |
| E-1 | mail Address: (to b | e used for future annual re | port notifications) | | |] <u>*</u> | 23 | |
| For fi | arther information | on concerning this ma | tter, please call | : | | CRE LAF | A | 1 |
| AHM | ED SAZZADUL | | _at (|)591- | 2832 | IAR | 23 JAN 30 | - T |
| | (Name of Conta | ct Person) | | e) (Day | ytime Telephone Number) | | A | 17 |
| Enclo dollar | osed is a check f rs and drawn on | or the following amou a bank located in the | int: (All checks United States) | proces | sed by this office must be p | na y áble ŽŽ | | |
| (\$25 fd & \$12 | 50.00 Filing Fees or Conversion 5 for Articles anization) | S155.00 Filing Fees and Certificate of Status | □\$180,00 Filin and Certified Ce | _ | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | | | |
| | Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I | ection orporations 7 | | New Divis The C 2415 | et Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 hassee, FL 32303 | 10 | | |

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: |
|--|
| THE SILVER CONNECTION INC |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common 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) |
| 01/19/2011 on |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| AAMANAT LLC (Finter Name of Florida Limited Liability Company) (Finter Name of Florida Limited Liability Company) |
| (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 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.

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| Signed this 25 day of JANUARY | 20 |
|---|--|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: Printed Name: AHMED SAZZADUL | Title: AMBR |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s) |
| Signature: AHMED SAZZADUL | Title: AMBR |
| 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 Corporation | Officer. corporator must sign. ty Partnership: |
| If Directors or Officers have not been selected, an Inc | corporator must sign. |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| All others: Signature of an authorized person. | |
| <u>Fees:</u> | |
| 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 1 - Name: The name of the Limited Liability Company is: | |
|---|--|
| AAMANAT LLC (Must contain the words "Limited Liability | Company, "L.L.C.," or "L.L.C.") |
| ARTICLE II - Address: The mailing address and street address of the prin | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1500 APALACHEE PKWY # 5505 TALLAHASSEE, FL 32301 | 501 BLAIRSTONE RD # 1906 TALLAHASSEE, FL 32301 |
| ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re AHMED SAZZADUL | red Agent. You must designate an individual or another |
| Name | |
| 501 BLAIRSTONE RD # 1906 | 23 SEC ALL |
| Florida street address (P.O. | Box NOT acceptable) |
| TALLAHASSEE | Box NOT acceptable) FL 32301 Zip Zip Zip Zip Zip Zip Zip Zi |
| City | Zip 📆 🚉 🚺 |
| liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pa | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S |

(CONTINUED)

ARTICLE IV-

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

| <u>Title:</u> | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | ALIMATED CAZZADUII |
| AMBR | AHMED SAZZADUL |
| | 501 BLAIRSTONE RD # 1906 |
| | TALLAHASSEE, FL 32301 |
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| (Use attachment if necessary) | |
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| TENTON CONTRACTOR | SEC ALL |
| CLE V: Other provisions, if any. | CRE LAH |
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| DECLINED CLOSS TUDE | |
| REQUIRED SIGNATURE: | MHII: 09 |
| | |
| | 1 // 1. |

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.

AHMED SAZZADUL

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)