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(Re	questor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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08/31/22--01024--004 **128.75

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W22-117947



COVER LETTER

TO: New Filing So Division of Co		•	•
SUBJECT:	MS TNYESTOR (Name of Res	S & CONSU/5/7 ulting Florida Limited Com	DON (Services, LLC)
		_	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
105. TOS	Contact Person) 3+OAS & CONSUM (Firm/Company)	t Labon Services,	, LL C
P.O. Bo	CX OB4 (Address)		
- Polm	Harlin fl. c City, State and Zip Code)	3 <i>468</i> 2	
E-mail Address: (to b	e used for future annual re	ort notifications)	
For further information	on concerning this mat	ter, please call:	
Name of Conta	4R BIYAA+	at (<u>6.46</u>) <u>5</u> (Area Code) (Day	EG·OZZ— time Telephone Number)
	or the following amou a bank located in the		sed by this office must 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 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Moiling Add	Pace+	Street	Address:

Mailing Address:
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations The Centre of Tallahassee 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Un Ha what of Anchic (Enter state, or if a non-U.S. entity, the name of the country)
on R. 30.20/6 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TMS INVESTORS & COSUMBRION JONICO, LLC. (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Nor 15.20.22
(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.

•	
Signed this <u>QETh</u> day of <u>October</u>	20_22
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: 19 Printed Name: 10-10-5/10-8 DYANT	NOSHAR BYANT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Adam Staruson Printed Name: Adam Staruson	_ Title:CEO
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability 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)

2023 FEB 15 PH 1: 02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Must contain the words "Limited Liability Company	Motion Gervices, LLC
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address: Mailin	ng Address:
709 18+ Court	D BOX 284
Palm Harbor Fl 34684 4	Jan Harbor FL 34682
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.) The name and the Florida street address of the registere Alam Steveyson Name	OT acceptable) Zip
Having been named as registered agent and to accept liability company at the place designated in this cer registered agent and agree to act in this capacity. I fur statutes relating to the proper and complete performs accept the obligations of my position as registered	tificate, I hereby accept the appointment as rther agree to comply with the provisions of all ance of my duties, and I am familiar with and
Warne	
Registered Agent's Signature (F	REQUIRED) 2823
(CONTINUED)	REQUIRED)

ARTICLE IV-

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

litle:		
'AMBR" = Authorized Member 'MGR" = Manager		
MG'R	DoshAK Druant	
	4.0.00x 884	
	Polm Hartor FL396	<u>82</u>
MGR	Adam - Star assess	
776 /	1dAm Herenson 4.0.00x 2.84	
	Polm Harbo FL 3468	2
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REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a docur		awar
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I amount to the Department of State constitutes a third de	awar
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I amount to the Department of State constitutes a third de	awa
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a membe with section 605.0203 (1) (b), Florida Statutes. I am	awar