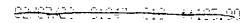
# 123000115052

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(5) A Novelon N
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.
W2300002533Z

Office Use Only



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SSECRETARY OF STATE
TALLAHASSI ETTEST.

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2023

GEORGIY PTASHYNSKYY 17623 ES PRIT DR. TAMPA, FL 33647 US

SUBJECT: AS YOU WISH ENTERPRISES

Ref. Number: W23000025332

We have received your document for AS YOU WISH ENTERPRISES and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

YOU HAVE SUBMITTED A FILING FOR AND LLC BUT THE FEES REFLECT A COPORATIONPLEASE CORRECT THE FILING BY ADDING THE ENDING SUFFIX OF YOUR CHOICE.ALSOTHE FEES FOR LLC CONVERSION WILL BE AN ADDITIONAL FEE OF \$45 IN A CHECK OR MONEY ORDER MADE OUR OFFICE.

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 calf. (850) 245-6052.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 423A00004366

#### **COVER LETTER**

TO:	New Filing Son Division of C	orporations				
SUBJ	ECT:	NSYUNW, SN (Name of Res	en tupis	es	LLC	
5000		(Name of Res	ulting Florida Limited C	Company)		
The er Busine	nclosed Articlesess Entity" into	s of Conversion. Articl a "Florida Limited Li	es of Organization, ability Company" in	and fees accord	s are submitted to convert ance with s. 605,1045, F.	an "Othe S.
Please	return all corre	espondence concerning	g this matter to:			
	Georgiy	(Contact Person)  Wish entur  (Firm/Company)	kyy Prises			
	17623	Espit Q.	Tompa FL	33	647	
	Tampa	FL 3	3647			
	nail Address: (to b	Syptash (	ort notifications)	she	entur prises. L	orn
For fu	irther informati	on concerning this ma	ner, please call:			
Br	en dan V	Biondino (ct Person)	_at (303_)	-619	- 6961	
	(Name of Conta	ict Person)	(Area Code) (1	Daytime 1	Telephone Number)	
		for the following amou a bank located in the		essed by	y this office must be paya	ble in US
(\$25 R & \$12:	i0.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	Cert	485.00 Filing Fees, lifted Copy, and lifteate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection Corporations 27	Ne Div The 24	vision o e Centro 15 N. M	dress: g Section f Corporations c of Tallahassee onroe Street, Suite 810 e, FL 32303	

INHS11 (7/17)

#### 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:  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 10 25 24 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  As you wish enter prises 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 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 07 day of FEBRULRY 20 Z3.
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: 9  Printed Name: (naz 12/0nd/no Title: human ced A)ent
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Printed Name: Greans y Prasnyns tyjTitle: Partner Owner
Signature: B. Brandon Blanding Title: Partner 10 mmer
Signature: Title:
Signature: Printed Name: Title:
Signature: Printed Name: Title:
Signature: Printed Name: Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership:  Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership:  Signatures of ALL General Partners.
All others: Signature of an authorized person.

Fees:

Articles of Conversion:

\$25,00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:
(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 principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Lincoln NG 68501 17623 Esprit Dr. Toumpon FL 33647
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Richard Corred
Name
Florida street address (P.O. Box NOT acceptable)
Tom pa FL 33647 Zip Zip 7
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. Fig.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Reardy Proshynsky
More	Brundan Blundino 17623 ESPrit Dr Tampa FL 33647
(Use attachment if necessary)	
FICLE V: Other provisions, if any.	
	73
REQUIRED SIGNATURE:	
This document is executed in accordance	an Juthorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony
_	ned or printed name of signed
Ty	ned or printed name of signed / Filing Fees
\$125.00 Filing Fee for Articles of	f Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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