# L23000166019

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAILS
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· ·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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Office Use Only



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#### **COVER LETTER**

TO: New Filing See	etion				
Division of Co	rporations	_	. }		1 .
SUBJECT:	Azil bu	cinece V	h/tol	Worise	UC-
SUBJECT:	(Name of Res	ulting Florida Lim	ited Com		
	,				
		_			ed to convert an "Other
Business Entity" into	a "Florida Limited Li	ability Compan	y" in ac	ecordance with s.	605.1045, F.S.
Please return all corres	spondence concernin	g this matter to:			
MINITAGNING					
MINH YEN NGUYEN	<u> </u>		_		
	(Contact Person)				
	(Firm/Company)	<u> </u>	_		
1908 CITRUS ORCHAF	RD WAY		_		
-	(Address)		_		
VALRICO, FLORIDA 33	3594				
(C	ity, State and Zip Code)		_		
MINHNGUYENMINH80	1@GMAIL.COM				
E-mail Address: (to be	used for future annual re	port notifications)	_		
For further informatio	n concerning this ma	tter, please call:			
DINH NGUYEN		at ( <sup>408</sup>	չ590-7	7500	
(Name of Contac	t Person)		(Day	time Telephone Nun	nber)
Enclosed is a check for dollars and drawn on a	<del></del>		process	sed by this office i	must be payable in US
3 C150 00 PUV - P	Telse on the r		C	Teles of the re	
\$150.00 Filing Fees (\$25 for Conversion	□\$155.00 Filing Fees and Certificate of	□\$180.00 Filing and Certified Co		<ul><li>\$185.00 Filing F</li><li>Certified Copy, and</li></ul>	
& \$125 for Articles of Organization)	Status			Certificate of Statu	
Mailing Addr	ess:		Street	t Address:	
New Filing Section			New Filing Section		
Division of Corporations			Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

#### **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: MAXIE BUSINESS ENTERPRISE LLC
(Enter Name of Other Business Entity)
The "Other Business Entity" is a LLC  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on AUGUST 1, 2022  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  MAXIE Rusiness Center Michael Liability Company)  (Enter Name of Florida Limited Liability Company)
APRIL 1, 2023  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 10 day of APRIL	20		
Signature of Authorized Representa			
Signature of Authorized Representative Printed Name: MINH YEN NGUYEN	e:Title: PRESIDENT		
Signature(s) on behalf of Other Busine	ess Entity:  See below for required signature(s)	(0	2
Signature:	President  Ignyen Tille:		2023 APR
	Title:		0 PH12:
Signature:Printed Name:	Title:	r Fi	: 17
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman. Vice Chairman. If Directors or Officers have not been se			
If Florida General Partnership or Lin Signature of one General Partner.	nited Liability Partnership:		
If Florida Limited Partnership or Lin Signatures of <u>ALL</u> General Partners.	nited Liability Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			
Articles of Conversion: Fees for Florida Articles of Org Certified Copy: Certificate of Status:	\$25.00 ganization: \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MAXIE	RUSI NES	S Exterprobability Company, "L.L.C.," or "L.E.C.")	ise uc
ARTICLE II - A The mailing addre		e principal office of the Limite	ed Liability Company is:
Principal Office	Address:	<b>Mailing Address:</b>	
4202 E BUSCH BL TAMPA, FLORIDA		1908 CITRUS ORCHARD VALRICO, FLORIDA 3359	<del></del>
(The Limited Liability C business entity with an		ered Office, & Registered Agegistered Agent. You must designate and the registered agent are:	
	N	ame	<b>5 7</b>
	1908 CITRUS ORCHARD	WAY	
	Florida street address (l	P.O. Box NOT acceptable)	
	VALRICO	FL 33594	
	City	Zip	
liability com registered agend statutes relativ	pany at the place designate t and agree to act in this ca ig to the proper and comple bligations of my position as	nd to accept service of process jed in this certificate, I hereby ac pacity. I further agree to compete performance of my duties, as registered agent as provided jet pagent as provide	ccept the appointment as ply with the provisions of all and I am familiar with and

(CONTINUED)

#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  MANAGER	DINH NGUYEN 1908 CITRUS ORCHARD WAY VALRICO, FL 33594
AMBR	MINH YEN NGNEN 1908 Citeus Orchard WAN VALPIN FL. 33594
	2023 APR
(Use attachment if necessary)	PHI2: 17
ARTICLE V: Other provisions, if any.	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that nent to the Department of State constitutes a third degree felony

Diwy Dw-(Ew
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)