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	i
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: New Filing S Division of C							
	ARK INTERNATIONAL	LLC					
SUBJECT:	(Name of Re	sulting Florida Lim	ted Com	npany)	_		
				d fees are submitted to occordance with s. 605.10			ther
Please return all corr	espondence concernin	g this matter to:					
IAN VELTRI							
BULLSHARK INTERN	(Contact Person) ATIONAL LLC		-				
18411 NW 18TH ST	(Firm/Company)		_				
Pembroke Pines, FL 3	(Address)		_				
	City, State and Zip Code)		-				
E-mail Address: (to l	oe used for future annual re	port notifications)	_				
For further informati	on concerning this ma	tter, please call:					
IAN VELTRI		305 at (804-1	549			
(Name of Cont	act Person)) (Day	time Telephone Number)	-		
	for the following amou a bank located in the		process	ed by this office must b	e paya	ble in l	JS
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		New I Divisi The C 2415 I	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite nassee, FL 32303	810	21123 3 1 위점 3:	, ,

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.

·	ne of Other Business Entity) PORATION
	oration, limited partnership, general partnership, common law or business trust, etc.) FLORIDA
First organized, formed or incorporated u	inder the laws of
- 6 ,	(Enter state, or if a non-U.S. entity, the name of the country)
1/29/2021	
on	.
on date of organization, formation or incorpora	tion)
3. The name of the Florida Limited Liab BULLSHARK INTERNATIONAL LLC	ility Company as set forth in the attached Articles of Organization:
BULLSHARK INTERNATIONAL LLC	ility Company as set forth in the attached Articles of Organization:
BULLSHARK INTERNATIONAL LLC (Enter Name of Flor	rida Limited Liability Company)
4. If not effective on the date of filing, er (The effective date: Cannot be prior to	rida Limited Liability Company) nter the effective date: date of receipt or filed date nor more than 90 calendar days after
4. If not effective on the date of filing, er (The effective date: Cannot be prior to the date this document is filed by the F	rida Limited Liability Company) Inter the effective date: date of receipt or filed date nor more than 90 calendar days after Tlorida Department of State.) Inter the applicable statutory filing requirements, this date will not be listed as the
4. If not effective on the date of filing, er (The effective date: Cannot be prior to the date this document is filed by the F Note: If the date inserted in this block does not a document's effective date on the Department of S	rida Limited Liability Company) Inter the effective date: date of receipt or filed date nor more than 90 calendar days after Tlorida Department of State.) Inter the applicable statutory filing requirements, this date will not be listed as the

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	inv is:	
The name of the Emilieu Blaomity Compa	11y 13.	
BULLSHARK INTERNATIONAL LLC		
	Liability Company, "L.L.C.," or "LLC."	·)
ADMICLE II. Address.		
ARTICLE 11 - Address: The mailing address and street address of	the principal office of the Lim	ited Liability Company is:
C	•	, ,
Principal Office Address:	Mailing Address:	
18411 NW 18TH ST	18411 NW 18TH ST	
Pembroke Pines, FL 33029	Pembroke Pines, FL 330)29
		
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address o	f the registered agent are:	
IAN VELTRI		
	Name	
18411 NW 18TH ST		
	s (P.O. Box NOT acceptable)	
Pembroke Pines	33029	
City	FLZip	,
•	·	
Having been named as registered agent liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compacted the obligations of my position Registered Agent'	ated in this certificate, I hereby capacity. I further agree to con plete performance of my duties,	accept the appointment as nply with the provisions of all , and I am familiar with and
(CO	NTINUED)	2023 : 3 :

	D'T		100	T % 7
А	RT	14 1	. N.	1 V -

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

941 (777)	
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	IAN VELTRI
	18411 NW 18TH ST
	Pembroke Pines, FL 33029
· · · · · · · · · · · · · · · · · · ·	
(Hea attachment if pagessary)	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	<u></u>
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware the to the Department of State constitutes a third degree felton.
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document any false information submitted in a document is provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware the iment to the Department of State constitutes a third degree felt
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document and provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes, I am aware the under the Department of State constitutes a third degree felon. VOITI
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document and provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware the innent to the Department of State constitutes a third degree fellows. Note: The properties of the constitutes a state of the constitutes as the constitute of the constitutes as the constitute of the constitutes as the constitute of the constitutes as the constitutes as the constitute of the constitutes as the constitute of the constitutes as the constitute of the constitutes as the constitutes as the constitute of the
Signature of a member or This document is executed in accordance any false information submitted in a document approvided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes, I am aware the under the Department of State constitutes a third degree felon. VOITI

er	JCMADOU	20 23
Signed this 3	day of MARCH	
Signature of Aut	horized Representative o	f Limited Liability Company:
Ciamatum af Auth	and Donnesontation	Title: PRESIDENT
Signature of Auth	verter	Title: PRESIDENT
Printed Name:	YLLINI .	Title.
		ntity: [See below for required signature(s)]
Signature:	*	Title: CHAIRMAN
Printed Name: IAN	VEĽTRI	Title: CHAIRMAN
Printed Name:		Title:
Trinica raine		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corpor		tor or Officer
	man, Vice Chairman, Directicers have not been selected	, an Incorporator must sign.
n bheelois or on	icers have not been selected	, an incorporator must sign
	l Partnership or Limited	Liability Partnership:
Signature of one C	ieneral Partner.	
If Florida Limita	d Partnership or Limited I	Liability Limited Partnership:
	General Partners.	Diability Emitted 1 artifersing.
	•	
All others:		
Signature of an aut	thorized person.	
Fees:		
1 003,		
Articles of	f Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: 1.15.31 PM 3:5