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

Office Use Only



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

COVER LETTER

TO: New Filing S Division of C							
	/SKY FAMILY, LLC						
SUBJECT: OSTROY		sulting Florida Limit	ted Compai	ny)			
	s of Conversion, Artic a "Florida Limited Li	_				n "Othe	;r
Please return all corr	espondence concernin	g this matter to:					
Chris M. Vorbeck			_				
-	(Contact Person)		-				
The Law Office of Chri	s M. Vorbeck, P.A.		_				
	(Firm/Company)						
4470 Northgate Court			_				
·············	(Address)						
Sarasota, FL 34234							
(0	City, State and Zip Code)		-			_	
Vorblaw@aol.com						202	
E-mail Address: (to b	e used for future annual re	port notifications)	_		,	2023 HAY	
For further informati	on concerning this ma	tter, please call:			<u></u> 2	¥Y −2	Parties a
Chris M. Vorbeck		_at (<u>94</u> 1)921-312	4	SSEE,	A	
(Name of Conta	ict Person)		(Daytim	e Telephone Number)			
	or the following amou a bank located in the		processed	by this office must	be payable		
☐ \$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop	у С	J\$185.00 Filing Fees, Tertified Copy, and Tertificate of Status			
Mailing Add New Filing S Division of C	ection			ddress: ng Section of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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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 Ar OSTROVSKY FAMILY CORPORATION	ticles of Conversion is:
(Enter Name of Other Business Entity)	·
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, cor	nmon 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)
February 10, 2023 on	
on	
3. The name of the Florida Limited Liability Company as set forth in the attached A	Articles of Organization:
OSTROVSKY FAMILY, LLC	11
(Enter Name of Florida Limited Liability Company)	7. · · · · · · · · · · · · · · · · · · ·
4. If not effective on the date of filing, enter the effective date:	X O 🛌 🎹
(The effective date: Cannot be prior to date of receipt or filed date nor more tha	n 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 document's effective date on the Department of State's records.	date will not be fisted as the
5. The plan of conversion has been approved in accordance with all applicable statute	es.
6. The "Converted or Other Business Entity" has agreed to pay any members having app which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	oraisal rights the amount to

Signed this 31st day of Murch	_20 <u>23</u>			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: X Printed Name: MICHAEL A. OSTROVSKY	Title: Managing Member	_		
Signature(s) on behalf of Other Business Entity: [
Signature: X MCOS KNOOS	ly	-		
Printed Name: MAICHAEL A. OSTROVSKY	Title: President	-		
Signature:Printed Name:	_Title:	-		
Signature:Printed Name:				
Signature: Printed Name:		_		
Signature: Printed Name:				
Signature: Printed Name:	_ Title:	- -		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.			 	
in infectors of Officers have not been selected, an inc	corporator must sign.	z*1	2023 MA'	المسارعتها
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	HI / LI	1	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	ASSEE, FL	2 AH I	1
All others: Signature of an authorized person.		A PARE	新 4: 29	
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)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	me: .imited Liability Company is	:		
OSTROVSKY FAM	ILY, LLC ust contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Ad The mailing addre		rincipal office of the Limited	Liability Co	mpany is:
Principal Office	Address:	Mailing Address:		
5712 Semolino Stre	eet	5712 Semolino		
Nokomis, FL 34275		Nokomis, FL 34275		
business entity with an	active Florida registration.) Florida street address of the Michael A. Ostrovsky Nam			-
	5712 Semolino Street			
	Florida street address (P.C	D. Box NOT acceptable)		2023
	Nokomis	FL ³⁴²⁷⁵	-	1
	City	Zip	⇔ ;	No presi
liability comp registered agent statutes relatin	pany at the place designated i and agree to act in this capa ig to the proper and complete	to accept service of process for in this certificate, I hereby acce city. I further agree to comply performance of my duties, and egistered agent as provided for	ept the appoir with the prov UI am familid	ntment ^l as visions of all with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ΑI	TI	CI	F	IV.
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The name and address of each person authorized to manage and control the Limited Liability Company:

	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Michael A. Ostrovsky	
	5712 Semolino Street	
	Nokomis, FL 34275	
MGR	Nina A. Ostrovsky	
	5712 Semolino Street	
	Nokomis, FL 34275	

(Live attachment if massessem)		
OSC attachment if necessary)		
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(Use attachment if necessary) LE V: Other provisions, if any.		202
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	ZLLAH.	24 A HH E202
LE V: Other provisions, if any.	Z.L.A.HAS	1 2
LE V: Other provisions, if any. REQUIRED SIGNATURE:	ASS SE	1 2
LE V: Other provisions, if any. REQUIRED SIGNATURE:	ASS SE	Y -2 AH
LE V: Other provisions, if any. REQUIRED SIGNATURE:	HASS	Y +2 AH 4:2
LE V: Other provisions, if any. REQUIRED SIGNATURE:	oesfly FL	Y -2 AH 4: 29
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	oesfly FL	2 AH 4: 29 ware tha
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awarent to the Department of State constitutes a third degree	1 - 2 AH 4: 29 ware tha
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awarent to the Department of State constitutes a third degree	Y-2 AH 4: 29 ware tha
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aw	Y-2 AH 4: 29 ware that

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)