(Requestor's Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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Control Number: 18000168

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

AL-KIMIYYA, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25219520 Date Inc/Auth/Filed: 12/22/2017

Jurisdiction : Georgia
Print Date : 06/01/2023

Form Number : 211

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Brad Raffangerger

Brad Raffensperger Secretary of State

COVER LETTER

TO:	New Filing S Division of C							
SUBJ	JECT: Al-Kimiy	ya LLC						
50.50			sulting Florida Li	mited Co	mpany)	_		
					nd fees are submitted to accordance with s. 605.1			r
Please	e return all corre	espondence concernin	g this matter to) ;				
Naziy	r Ali El							
	-	(Contact Person)						
		(Firm/Company)						
4853	W Prescott St			<u> </u>				
T	- FL 00046	(Address)						
	a, FL 33616	Cia Cara - 17:- C- 4-)		_				
scmtri	رں sa@gmail.com	City, State and Zip Code)						
		e used for future annual re	port notifications	<u> </u>				
For fu	rther information	on concerning this ma	tter, please cal	l:				
Naziyı	r Ali El		at (773	562-	8588			
	(Name of Conta	ct Person)		le) (Day	ytime Telephone Number)	_		
		or the following amou a bank located in the		proces	sed by this office must	be payal	ble in US	
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified C		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	: 11%	2023 JU.;	•
	Mailing Addi New Filing Se Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite hassee, FL 32303	810	Մ.₁ −6 PH 6: 59	

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: Al-Kimiyya, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common 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)
12/22/2017
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Al-Kimiyya, 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	01 day of June	20
Signature o	of Authorized Representative of Lin	nited Liability Company:
	-	
Signature of	f Authorized Representative:	
Printed Nam	ie: Naziyr Ali El	Title: Manager-Member
Signature(s	on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:		
Printed Nam	e:	Title:
Signature: _		
Printed Nam	e:	Title:
Signature: _		77'.1
Printed Nam	e:	Title:
Signature:		
Printed Nam	e:	Title:
Signature: _		
Printed Nam	e:	Title:
		·
Signature: _		
Printed Nam	e:	Title:
ICE C		
If Florida C		08
	Chairman, Vice Chairman, Director, or Officers have not been selected, an Ir	
ii Directors (of theels have not been selected, all if	icorporator musi sign.
If Florida G	eneral Partnership or Limited Liabil	ity Partnership:
	one General Partner.	<u>, </u>
_		
<u>If Florida L</u>	<u>imited Partnership or Limited Liabil</u>	ity Limited Partnership:
Signatures of	f <u>ALL</u> General Partners.	
All others:		
Signature of	an authorized person.	
Fees:		
Artic	eles of Conversion:	\$25.00
	for Florida Articles of Organization:	\$25.00 \$125.00
	fied Copy:	\$30.00 (Optional)
	ficate of Status:	\$5.00 (Optional)
Corti		Ψ2.00 (Optional)

ARTICLE I - Na The name of the L	ime: Limited Liability Company	is:	
Al-Kimiyya, LLC			
(M	lust contain the words "Limited Lia	ility Company. "L.L.C" or "LLC.")	
ARTICLE II - A	ddress:		
		principal office of the Limited Liability Cor	npany is:
Principal Office Address:		Mailing Address:	
4853 W Prescott St	t	4853 W Prescott St	
Tampa, FL 33616 ARTICLE III - R	Registered Agent, Registe	red Office, & Registered Agent's Signatur	e:
Tampa, FL 33616 ARTICLE III - R The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.) Florida street address of the	red Office, & Registered Agent's Signatur gistered Agent. You must designate an individual or anothe	e: u
ARTICLE III - R The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.) Florida street address of the Naziyr Ali El	red Office, & Registered Agent's Signatur gistered Agent. You must designate an individual or another e registered agent are:	e: er
ARTICLE III - R The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.) Florida street address of the Naziyr Ali El	red Office, & Registered Agent's Signatur gistered Agent. You must designate an individual or anothe	e: er
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ARTICLE III - R The Limited Liability C business entity with an	company cannot serve as its own Reactive Florida registration.) Florida street address of the Naziyr Ali El Na 4853 W Prescott St	red Office, & Registered Agent's Signatur gistered Agent. You must designate an individual or another e registered agent are:	e:
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ARTICLE III - R The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.) Florida street address of the Naziyr Ali El Na 4853 W Prescott St Florida street address (F	red Office, & Registered Agent's Signatur gistered Agent. You must designate an individual or another registered agent are: me O. Box NOT acceptable)	e:

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, F.S..

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Memb	per	
"MGR" = Manager		
MGR	Naziyr Ali El	
	4853 W Prescott St	
	Tampa, FL 33616	
MGR	Yasmeen Ali El	
	4853 W Prescott St	
	Tampa, FL 33616	
	•	
		
	-	
(Use attachment if necessary)		
`		
REQUIRED SIGNATURE:		
	July 1	
This document is executed in acco	per or an authorized representative of a nordance with section 605.0203 (1) (b), Florida Statut a document to the Department of State constitutes a	es. I am aw
Morius Ali El		; AL.1
Naziyr Ali El	T 1	
	Typed or printed name of signee	;~ "
0107.00 5111 5 6	Filing Fees	_ : //
	ticles of Organization and Designation of	
\$ 30.00 Certified Copy (C	Optional) \$ 5.00 Certificate of St	atus (Op
		10

Control Number: 18000168

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

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Brad Raffensperger Secretary of State

