# L23000328744

(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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12823 JUH 26 PM 3: 19

12023 JUH 26 PM 3: 1

W23000071880



May 18, 2023

NATALIA FRINAK NALIA LLC 1331 DEWEY CT MADISON, WI 53703 US

SUBJECT: NALIA LLC

Ref. Number: W23000071880

13 JUN 26 PH 2: 17

...

We have received your document for NALIA LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signature(s) on behalf of Other Business Entity is missing.

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 call (850) 245-6052.

Dil Sultana Regulatory Specialist II

7123 JUH 26 PH 3: 15

Letter Number: 923A00011427

# **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Nalia LLC	
(Name of Res	sulting Florida Limited Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	les of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:
Natalia Frinak (Contact Person) Nalia LCC	
Nalia LCC (Firm/Company)	
1331 Dewley Ct (Address)	<del></del>
Madison, WI 53703 (City, State and Zip Code)	
E-mail Address: (to be used the future annual re	port notifications)
For further information concerning this mat	The second secon
Notalia Frinak (Name of Contact Person)	at $(920)$ 82+6250 $= \frac{1}{2}$ $= \frac{1}{2}$ $= \frac{1}{2}$ Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	nt: (All checks processed by this office must be payable in US United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing Fees and Certified Copy  □\$185.00 Filing Fees,  Certified Copy, and  Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Street Address:  New Filing Section  Division of Corporations  The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### **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 Con-National LLC.	version is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>limited liability company</u> (Enter entity type. Example: corporation. limited partnership, general partnership, common law or bus	siness trust, etc.
First organized, formed or incorporated under the laws of	country)
on 09/30/2022 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Or	ganization:
Nalia LLC	. 2
(Enter Name of Florida Limited Liability Company) —	023
4. If not effective on the date of filing, enter the effective date:	JUH 2
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calenda	rdays 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 document's effective date on the Department of State's records.	ြုန် listed as the ယ
5. The plan of conversion has been approved in accordance with all applicable statutes.	<u>.</u>

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 20 day of Apr	1 20 23	
Signature of Authorized Representative	of Limited Liability Company:	
0	Water Sind Sid	
Signature of Authorized Representative: _ Printed Name: Notalia Fon	Matalia Lile ak Title: 04/26/2023	LC Chairman
Signature(s) on behalf of Other Business l	Entity: [See below for required signature	(s)
Printed Name: Data ha Ton	ak Title: ILC Chairman	<del></del>
Signature:	Title:	
Printed Name:	Title:	
Sionature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:	Title:	<del></del>
Trined Name.	True:	<del></del>
Signature:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Dire	ector, or Officer.	
If Directors or Officers have not been selecte		
<u>If Florida General Partnership or Limitec</u> Signature of one General Partner.	d Liability Partnership:	.7.
Signature of one General Farther.		EN JUN 26
If Florida Limited Partnership or Limited	Liability Limited Partnership:	
Signatures of ALL General Partners.		FILED  3 JUN 26 PM 3:  ALLAHASSEE, I
All othors		A: 6
All others: Signature of an authorized person.		PH PH
C Provide provide		# 3: 20 E, F,
<u>Fees:</u>		FL 20
Articles of Conversion:	\$25.00	• •
	<del></del>	

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Nalia LLC

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
2134 Burlington Ave N St. Petersburg, Fl 33713	2134 Burlington Ave N St. Petersburg, FL 33713			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)				
The name and the Florida street address of the re				
Natalia Frie	Box NOT acceptable)			
2134 Burlington A Florida street address (P.O.	Box NOT acceptable)			
St. Petersburg City	FL 33713			
liability company at the place designated in a registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S			

(CONTINUED)

Régistered Agent's Signature (REQUIRED)

#### **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 AMBR	Natalia Frinak 2134 Burlington Ave N 5t. Petersburg; FL 33713	
(Has attenders and if a server way)		
(Use attachment if necessary)		
ARTICLE V: Other provisions, if any.	223 A 32 "TI	
	. L : . N	
REQUIRED SIGNATURE:	PM 3: 23	
This document is executed in accordance w	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that ent to the Department of State constitutes a third degree felony	

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)