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(Requestor's Name)
(Address)
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(nouicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Linky Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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W23000051219
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Office Use Only



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August 4, 2023

DZMITRI KUCHKO 10497 TEMPLE WAY SEMINOLE, FL 33772 US

SUBJECT: STROY SERVICE LLC Ref. Number: W23000051219

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

There was a voluntary dissiplution for the corporation. There can be no conversion. If you would like to create a new business using the same name, please send me a letter stating that you have no intensions of reinstating the business and would like to release the name. Please include your name, address, telephone number and a wet signature. The filing fee for the new LLC is \$125.00. You may send a new check or I can use the \$185.00

The document number of the name conflict is P21000069256.

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.

Karen Lovelace Regulatory Specialist III

Letter Number: 723A00017670

COVER LETTER

TO:	New Filing Son Division of C							
SUR	ECT: STROY	SERVICE LLC						
O D O	.Be 1		sulting Florida Li	mited Co	тралу)			
The e Busin	nclosed Article ess Entity" into	s of Conversion, Artic a "Florida Limited L	les of Organiz ability Compa	ation, a	nd fees are submitte accordance with s. 6	ed to conver 505,1045, F.	t an "(.S.	Other
Please	e return all corre	espondence concernin	g this matter t	o :				
Dzmit	ry Kuchko							
		(Contact Person)						
STRC	Y SERVICE LLC							
		(Firm/Company)						
10497	Temple Way							
	•	(Address)						
Semin	nole, Florida 3377	72						
	((City, State and Zip Code)						
dimon	kuchko@gmail.c	om						
E-r	nail Address: (to b	e used for future annual re	port notifications	 s)				
For fu	irther informati	on concerning this ma	tter, please cal	11:				
Dzmit	ry Kuchko		_at (<u>609</u>	_\ 508-	-6046			
	(Name of Conta	ct Person)		de) (Da	ytime Telephone Numb	 ber)		
Enclo dollar	sed is a check f is and drawn on	or the following amou a bank located in the	int: (All check United States)	s proces	ssed by this office m	nust be paya	ıble in	US
(\$25 fc & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fil and Certified (\$185.00 Filing Fe Certified Copy, and Certificate of Status	ŕ	2	
-3	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The (2415	et Address: Filing Section sion of Corporations Centre of Tallahasse N. Monroe Street, thassee, FL 32303	ee 🔠	2023 AUG 21 FK 7:	10 mm 1 m

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.

STROY SERVICE (Enter Name of Other Bus	iness Entity)
·	• •
2. The "Other Business Entity" is a Limited liability con	
(Enter entity type. Example: corporation, limited	partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the law	Pennsylvania Department of State
	(Enter state, or if a non-U.S. entity, the name of the country)
06/01/2018 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Compar	y as set forth in the attached Articles of Organization:
STROY SERVICE LLC	
(Enter Name of Florida Limited Lia	ability Company)
4. If not effective on the date of filing, enter the effec	01/01/2023 tive date:
the date this document is filed by the Florida Depa	upt or filed date nor more than 90 calendar days after
5. The plan of conversion has been approved in accord	dance 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.
which such members are entitled under ss. 605.1006	and 605.1061-605.1072, F.S.
which such members are entitled under ss. 605.1006	and 605.1061-605.1072, F.S.

Signed this 17 day of Ma	arch	20 <u>23 </u>	
Signature of Authorized Repre	sentative of Limited	1 Liability Company:	
Signature of Authorized Represe Printed Name: Dzmitry Kuc	entative:	Title: <u>Owner</u>	-
Signature(s) on behalf of Other	Business Entity: [Se	e below for required signature(s)	
Signature: DZMitry	kuchko -	Title: <u>Authorized Representa</u>	tive of LLC
Signature: Printed Name:		Title:	• -
Signature:Printed Name:		Title:	- -
Signature:Printed Name:		Title:	- -
Signature:Printed Name:		Title:	-
Signature:Printed Name:		Title:	- -
If Florida Corporation: Signature of Chairman, Vice Chai If Directors or Officers have not be If Florida General Partnership	een selected, an Incor	porator must sign.	
Signature of one General Partner. If Florida Limited Partnership Signatures of ALL General Partnership		Limited Dartnerghine	
All others: Signature of an authorized person			
Fees:			
Articles of Conversion: Fees for Florida Articles Certified Copy: Certificate of Status:	of Organization: \$	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	2623 VIOS 21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLESOF	ORGANIZATION	POR PLOKIDA LIVII I ED LIADI	LITTCOMPANT
ARTICLE I - Na The name of the l	ame: Limited Liability Con	nnany is:	
The name of the	Elimited Elability Coll	ilpany is.	
STROY SERVICE	LLC		
		ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	Address:		
The mailing addr	ess and street address	of the principal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	
10497 Temple Wa	v .	10497 Temple Way	
Seminole, Florida	· · · · · · · · · · · · · · · · · · ·	Seminole, Florida 33772	
			
(The Limited Liability business entity with a	Company cannot serve as its n active Florida registration.)	egistered Office, & Registered Ager s own Registered Agent. You must designate an in) ss of the registered agent are:	
	Dzmitry Kuchko	Name	
	40.407 Year-In Marie		
	10497 Temple Way Florida street add	ress (P.O. Box NOT acceptable)	
	Seminole	FL 33772	
	City		
liability com registered agen statutes relati	npany at the place desi nt and agree to act in th ing to the proper and c obligations of my posit	tent and to accept service of process for ignated in this certificate, I hereby accept is capacity. I further agree to comply complete performance of my duties, and it is registered agent as provided for ent's Signature (REQUIRED)	ept the appointment as with the provisions of all d I am familiar with and
	(0	CONTINUED)	21 PK

ARTICLE IV-

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

uchko nple Way		
Seminole, Fl 33772		
uchko		
nple Way		
FI 33772		
		
representative of a member 0203 (1) (b), Florida Statutes. I am aware		

Dzmitry Kuchko
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)

August 21, 2023

Division of Corporations

P.O. BOX 6327-Tallahassee, FI 32314 US

I am Dzmitry Kuchko, the owner of Stroy Service Inc. with document number P21000069256. I am releasing the name, this name "Stroy Service" which can be used by the company with document number W23000051219.

08,22,2023

Dzmitry Kuchko(CEO)

10497 Temple Way

Seminole,Fl 33772