# L23000439613

| (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: |
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industrial

2022 July 16 Pii 2: 03

#### **COVER LETTER**

| SUBJECT: Crown Global Services, LLC  (Name of Resulting Florida Lamited Company)  The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  Tarik King  (Contact Person)  (Crown Global Services Corp  (Fina/Company)  4300 SW 118th Lane Suite 46  (Address)  Miramar, FL 33025  (City, State and Zip Code)  (king@egservices.global  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Tarik King  (Name of Contact Person)  (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  ### \$150.00 Fiting Fees (323 for Conversion & Status of Certificate of Status of Organization)  #### \$150.00 Fiting Fees (323 for Conversion & Status of Organization)    Mailling Address: New Filing Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314    Tallahassee, FL 32314  | TO: New Filing Section<br>Division of Corpora              | ı   |                                  |   |  |                  |        |
|--|--|---|----------------------------------|---|--|------------------|--------|
| (Name of Resulting Florida Lunited Company)  The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  Tarik King  (Contact Person)  Crown Global Services Corp  (Fim/Company)  4300 SW 118th Lane Suite 46  (Address)  Miramar, FL 33025  (City, State and Zip Code)  tking@cgservices.global  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Tarik King  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$\frac{305}{3150.00} \text{ Fiding Fees} \text{ all Csticked Copy} \text{ States} \text{ Certificate of Status} \text{ cortificate of Status}  cortificate of Sta  | SLIBLECT: Crown Global S                                   | Services, LLC   |                                  |   |  |                  |        |
| Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  Tarik King  (Contact Person)  Crown Global Services Corp  (Finn/Company)  4300 SW 118th Lane Suite -46  (Address)  Miramar, FL 33025  (City, State and Zip Code)  tking@cgservices.global  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Tarik King  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  ### 3150.00 Fiting Fees (25 for Conversion and Certificate of Status of Organization:)  ### 3150.00 Fiting Fees and Certificate of Status  ### 3150.00 Fiting Fees (25 for Conversion and Certificate of Status of Organization:)  ### 31510 Address:  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32303  | SOBJECT.   | (Name of Resultin   | g Florida Lunite                 | d Company)  |  |                  |        |
| Tarik King  (Contact Person)  Crown Global Services Corp  (Finn/Company)  4306 SW 118th Lane Suite 46  (Address)  Miramar, FL 33025  (City, State and Zip Code)  tking@cgservices.global  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Tarik King  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  Enclosed is a check for the following amount: (All  | Business Entity" into a "Fl                                | orida Limited Liabil  | ity Company                      |   |  |                  | *Other |
| (Contact Person)  Crown Global Services Corp  (Finn/Company)  4300 SW 118th Lane Suite 46  (Address)  Milramar, FL 33025  (City, State and Zip Code)  tking@cgservices.global  E-tnail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Tarik King  at (305   |  | !   |                                  |   |  |                  |        |
| Crown Global Services Corp  (Finn/Company)  4300 SW 118th Lane Suite 46  (Address)  Miramar, FL 33025  (City, State and Zip Code)  tking@cgservices.global  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Tarik King  at (305 986-6166  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$\frac{1}{2}\$\$ \$150.00 \text{ Fring Fees}  \text{ S155.00 Filing Fees}  \text{ S185.00 Filing Fees}  \text{ Certified Copy, and Certificate of Status of Organization:)}  \$\frac{1}{2}\$\$ \$\fr | Tarik King   | :   |                                  |   |  |                  |        |
| (Finn/Company) 4306 SW 118th Lane Suite 46  (Address)  Miramar, FL 33025  (City, State and Zip Code) tking@egservices.global  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Tarik King  (Name of Contact Person)  (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  (S23 for Conversion and Certificate of Status of Organization)  Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Tallahassee, FL 32303   | (Co:   | ntact Person)   |                                  |   |  |                  |        |
| ### Address   City, State and Zip Code   | Crown Global Services Corp                                 |   |                                  |   |  |                  |        |
| (Address)  (City, State and Zip Code)  (Code)  (Code)  (Name of Contact Person)  (All checks processed by this office intust be payable in US dollars and drawn on a bank located in the United States)  (City State and Zip Code)  (Area Code)  (Daytime Telephone Number)  (Code)  (Code   | (Fir   | n√Company)  |                                  |   |  |                  |        |
| City, State and Zip Code   | 4300 SW 118th Lane Suite 4                                 | 6   |                                  |   |  |                  |        |
| Remail Address: (to be used for future annual report notifications)   Tarik King   |  | (Address)   |                                  |   |  |                  |        |
| tking@cgservices.global  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Tarik King  at (305 )986-6166  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  ### \$150.00 Filing Fees   S155.00 Filing Fees   S180.00 Filing Fees   S185.00 Filing Fees, (S25 for Conversion   and Certificate of Status   S125 for Articles   Status   Statu  | Miramar, FL 33025  | !   |                                  |   |  |                  |        |
| E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  Tarik King  at (305 )986-6166  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$\overline{\Pi}\$\$ \$150.00 Filing Fees   \$\square\$155.00 Filing Fees   \$\square\$155.00 Filing Fees   \$\square\$150.00 Filing Fees   \$\square\$180.00 Filing Fees   \$\sq  | (City, St  | tate and Zip Code)  |                                  |   |  |                  |        |
| For further information concerning this matter, please call:    Tarik King   | tking@cgservices.global                                    | 1   |                                  |   |  |                  |        |
| Tarik King  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  (S25 for Conversion and Certificate of Status of Organization)  (S25 for Articles Status of Organization)  (S26 for Conversion and Certificate of Status of Organization)  (S27  | E-mail Address: (to be used                                | for future annual report  | notifications)                   |   |  |                  |        |
| Tarik King  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  (S25 for Conversion and Certificate of Status of Organization)  (S25 for Articles Status of Organization)  (S26 for Conversion and Certificate of Status of Organization)  (S27  | For further information cor                                | ncerning this matter,   | please call:                     |   |  |                  |        |
| Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  \$\frac{1}{12}\$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$   |  | •   | 305                              | 986-6166  |  |                  |        |
| ### S150.00 Filing Fees  | (Name of Contact Pers                                      |   |                                  | (Daytime Telephor   | ne Number)                               |                  |        |
| Mailing Address:  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32303  Street Address:  New Filing Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810  Tallahassee, FL 32303   | dollars and drawn on a ban<br>電 \$150.00 Filing Fees       | sk located in the Uni<br>55.00 Filing Fees —<br>Certificate of an | ted States)<br>\$180.00 Filing ! | Fees  | Filing Fees,                             | oayable i        | n US   |
|  | New Filing Section<br>Division of Corpora<br>P.O. Box 6327 | ations  |                                  | New Filing Section Division of Corporate The Centre of Tal 2415 N. Monroe S | orations<br>Jahassee<br>Street, Suite 81 | 10 <del>ST</del> |        |

## Articles of Conversion For "Other Business Entity" Into

### Florida Limited Liability Company

|  | ed Articles of Organization are submitted to c   |                            | ٠,.  |
|--|--|----------------------------|------|
| Statutes.  | a Limited Liability Company in accordance v  | with 8.005.1045, Fiori     | ida  |
|  | tity" immediately prior to the filing of the Artic                                       | cles of Conversion is:     |      |
| (Enter Na  | me of Other Business Entity)   |                            |      |
| 2. The "Other Business Entity" is a  | poration  poration, limited partnership, general partnership, comm                       | non law or business trust, | elc. |
| First organized, formed or incorporated  | under the laws of [Florida] (Enter state, or if a non-U.S. entity, the                   | ne name of the country)    |      |
| May, 20th 2009   |  |                            |      |
| (date of organization, formation or incorpor   | ation)   |                            |      |
| 3. The name of the Florida Limited Lial Corwn Global Services, LLC   | bility Company as set forth in th <b>e attached Ar</b>                                   | ticles of Organizatio      | n:   |
|  | orida Limited Liability Company)   | _·                         |      |
| (i.iici Maise Of Fit   | ·  |                            |      |
| 4. If not effective on the date of filing, e   |  |                            |      |
| the date this document is filed by the   | meet the applicable statutory filing requirements, this de                               | •                          |      |
| • •  | oved in accordance with all applicable statutes.   |                            |      |
| 6 The "Converted or Other Business Enti-<br>which such members are entitled under<br>the converted or Other Business Enti-<br>which such members are entitled under<br>the converted or Other Business Enti-<br>which such members are entitled under<br>the converted or Other Business Enti-<br>which such members are entitled under<br>the converted or Other Business Enti-<br>tion of the Converted Other Business Enti-<br>ed Other Business Enti-<br>ed Ot | ity" has agreed to pay any members having apprarss. 605.1006 and 605.1061-605.1072, F.S. | isal rights the amount     | to   |
|  | !  | 4 5                        |      |
|  |  | PH 2                       |      |
|  |  |                            |      |

| Signed this 22nd day of May   | 20_23  |         |             |
|---|--|---------|-------------|
| Signature of Authorized Representativ   | e of Limited Liability Company:  |         |             |
| Signature of Authorized Representative:   | Title: CEO/President   |         |             |
|   | )  |         |             |
| Signature(s) on behalf of Other Business  | Entity: [See below for required signature(s)]                            |         |             |
| Signature: Printed Name:  | Title:   |         |             |
| Signature:  | Title:   |         |             |
|   | Title:   |         |             |
|   | Title:   |         |             |
| Signature: Printed Name:  | Title:   |         |             |
|   | Title:   |         |             |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Di If Directors or Officers have not been selec | rector, or Officer.  |         |             |
| If Florida General Partnership or Limite Signature of one General Partner.                                    | ed Liability Partnership:  |         |             |
| If Florida Limited Partnership or Limite Signatures of ALL General Partners.                                  | ed Liability Limited Partnership:  | 1       | <b>L</b> '3 |
| All others: Signature of an authorized person.  |  | TALL:   | 1822 Jun 16 |
| <u>Fees:</u>  |  | 7.      | 6           |
| Articles of Conversion: Fees for Florida Articles of Organ Certified Copy: Certificate of Status:             | \$25.00<br>dization: \$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) | 101.1.1 | Pii 2: 03   |

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |                        |                   |   |                                       |
|--|------------------------|-------------------|---|---------------------------------------|
| The name of the Limited Liabil                                       | ity Company i          | S:                |   |                                       |
|  | , <b></b>              |                   |   |                                       |
| _  |                        |                   |   |                                       |
| Crown Global Services, LLC   | ad art to to difficult | lite Comment VI   | 1.0.2 *********************************** |                                       |
| (Must contain the we   | ords "Limited Liabi    | nty Company, L    | .L.C., or LLC.                            | )                                     |
| ARTICLE II - Address:  |                        |                   |   |                                       |
| The mailing address and street                                       | address of the         | principal offic   | ce of the Lin                             | nited Liability Company is:           |
| Duin de al Office Addison  |                        | Mailina           | t ddwnn.                                  |                                       |
| Principal Office Address:  |                        | Mailing .         | Address:                                  |                                       |
| 4300 SW 118th Lane Suite 46  |                        | 4300 SW           | 118th Lane S                              | uite 46                               |
| Miramar, Ft. 33025   |                        | Miramar, J        | FL 33025                                  |                                       |
|  |                        |                   |   |                                       |
| OTICLE III Daniatana t   | Nordetan               | ad Oftan R        | Thomistowed                               | Amentia Cionatona.                    |
| ARTICLE III - Registered A<br>The Limited Liability Company cannot s |                        |                   |   |                                       |
| business entity with an active Florida re-                           |                        | •                 |   |                                       |
| The name and the Florida stree                                       | address of the         | e registered ag   | gent are:                                 |                                       |
|  |                        |                   |   |                                       |
| Tarik King   | N.T.                   |                   | <del></del>                               | -                                     |
| !  | Nar                    | ne                |   |                                       |
| 4300 SW 11   | 8th Lane Unit 46       | 6                 |   |                                       |
| Florida str  | eet address (P.        | O. Box <u>NOT</u> | acceptable)                               | -                                     |
| Miramar :  |                        | <sub>Et</sub> 330 | 25  |                                       |
| -  | 0                      | FL 600            |   | -                                     |
|  | City                   |                   | Zip                                       |                                       |
| Having been named as regist  | ered agent and         | to accept ser     | vice of proce.                            | ss for the above stated limited       |
|  |                        |                   |   | accept the appointment as             |
|  | •                      | •                 | **  | mply with the provisions of all       |
| statutes relating to the prope                                       | er and complete        | e performance     | of my duties                              | s, and I am familiar with and         |
| accept the obligations of h  | ny position as r       | egisterea age     | nt as proviae                             | a for in Chapter 605,255              |
|  | ي ا                    | سالر              |   | · · · · · · · · · · · · · · · · · · · |
|  |                        |                   |   |                                       |
| accept the obligations of n  | red Agent's Si         | gnature (REC      | (UIRED)                                   | <u> </u>                              |
|  |                        |                   |   |                                       |
|  | (CONTI                 | NHEDY             |   |                                       |
| <u> </u>   | (CO:111                |                   |   | ã. <b>⅓</b>                           |
|  |                        |                   |   | 23                                    |
|  | l .                    |                   |   |                                       |

| Title: "AMBR" = Authorized Member   | Name and Address:  |
|---|--|
| "MGR" = Manager   |  |
| CEO/Pres  | Tarik KIng   |
| 1   | 4300 SW 118th Lane Unit 46   |
| 1   | Miramar, FL 33025  |
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| (Use attachment if necessary)   |  |
| T.E.V: Other provisions, if any.  |  |
|   |  |
| REQUIRED SIGNATURE:   | علايم  |
|   |  |
|   |  |
| Signature of a member or This document is executed in accordance  | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felor   |
| Signature of a member or This document is executed in accordance any false information submitted in a document is executed in a document in a | with section 605.0203 (1) (b), Florida Statutes, I am aware the  |
| Signature of a member or This document is executed in accordance any false information submitted in a document provided for in \$.317.155, F.S.  Tarik King   | with section 605.0203 (1) (b), Florida Statutes, I am aware the  |
| Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.317.155, F.S.  Tarik King  | with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo:  ped or printed name of signee  Filing Fees |
| Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.317.155, F.S.  Tarik King  | ped or printed name of signee  Filing Fees of Organization and Designation of Registered As  |

ARTICLE IV-