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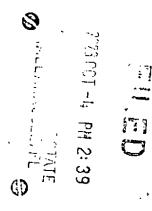
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/StatesZip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mediacions to 7 mmg Smedi.

Office Use Only



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COVER LETTER

TO: New Filing So Division of Co				
SUBJECT: Regulus	D.M , LLC			
	(Name of Res	ulting Florida Limited	ed Company)	
			on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.	
Please return all corre	espondence concerning	g this matter to:		
Elizaveta Maximova				
	(Contact Person)			
Regulus D.M., Lt.C				
	(Firm/Company)			
20200 W Dixte Hwy, S	te 1104			
	(Address)			
Aventura, FL 33180				
	lity, State and Zip Code)			
regulusdm@yahoo.coi	m			
E-mail Address: (to b	e used for future annual re-	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Elizaveta Maximova		305	,540-0911	
(Name of Conta	ict Person)	(Area Code)) 540-0911 (Daytime Telephone Number)	
	or the following amount abank located in the		rocessed by this office must be payable in US	
\$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155,00 Filing Fees and Certificate of Status	(7\$180.00 Filing F and Certified Copy		
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection forporations 17	; f 1	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Conversion

For

"Other Business Entity"

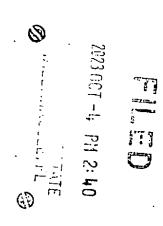
Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: Regulus D.M., Limited
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation (Enter entity type. Example corporation, limited partnership, general partnership, common law or business triist, 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)
November 9, 2018
November 9, 2018 on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Regulus D.M., 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 5 day of October	_ 20 13
Signature of Authorized Representative of Limi	Ited Liability Company:
2-	
Signature of Authorized Representative: Printed Name: Elizayeta Maximova	
Printed Name: Elizaveta Maximova	Title: AMBR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Signature: Printed Name: Elizaveta Máximova	Tit AMER
Trined Wane, Endavoid Waxinova	Title: Silver
Signature:	
Printed Name:	Title
ev .	
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title.
Simpatura	
Signature: Printed Name:	Tella
Trince Haire.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer,
If Directors or Officers have not been selected, an In-	
IFIN 11 71 10 . It is to see that	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one General Partner.	
if Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person	
Fees:	
Articles of Conversion	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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	a Limited Liability Com			
Regulus D.M., Li				
	(Must contain the words "Limi	ted Liability Company, "L.L.C.," or	"I.I.C ")	
ARTICLE II -	Address:			
The mailing add	dress and street address	of the principal office of th	e Limited Liab	bility Company
Principal Offic	e Address:	Mailing Addres	s:	
20200 W Divis H	mar Sto 1104	20200 M/ Divin Hi		
20200 W Dixie H Aventura, FL 331	····	20200 W Dixie Hy Aventura, FL 331	•	
business entity with	an active Florida registration.)	own Registered Agent. You must do		and the second
	Elizaveta Maximova			
		Name		
	20200 W Dixie Hwy,	Ste 1104		
		ess (P.O. Box NOT accept	able)	
	Aventura	FT 33180		
	City	Zip		
liability co registered age	impany at the place design ent and agree to act in the iting to the proper and co	rnt and to accept service of p gnated in this certificate, I h us capacity—I further agree omplete performance of my on as registered agent as pr	ereby accept the to comply with duties, and Lan	he appointment o h the provisions o m familiar with o
	Registered Age	nt's Signature (REOUIREI))	
	Registered Age	m's Signature (REQUIREI))	3 1

A	D.	171	71	F	IV.
/	ĸ		. 1		

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

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" - Manager AMBR	Elizaveta Maximova		
	20200 W Dixie Hwy, Ste 1104		
	Aventura, FL 33180		
	_		
	:		
(Use attachment if necessary)	· (
	· Ĺ·		
LE V: Other provisions, if any.	 		
	- AD		
DPAUDED CLANATION			
REQUIRED SIGNATURE:			
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes 1 am award nent to the Department of State constitutes a third degree to		
Elizaveta Maximova			
Tyr	ped or printed name of signee		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)