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Certified Copies	Certificate	s of Status
 		
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Office Use Only



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S. CHATHARA

08/22/23--01028--006 **150.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2023

IVONA MALLORY 9709 LITTLE POND WAY TAMPA, FL 33647 US

SUBJECT: BELISARIUS LLC Ref. Number: W23000125699

We have received your document for and your check(s) totaling \$150.00 However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 823A00021153

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: BELISARIUS LLC (Name of Resulting Florida Limited 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:
TVONA MALLORY (Contact Person)
BELISARIUS LLC (Firm/Company)
9709 Little POND WAY
TAMPA FL 33647 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Tyona Mallory at (787) 585 7760 (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)
\$\sigma\$ \$150.00 Filing Fees (\$25 for Conversion & and Certificate of & and Certified Copy & Certified Copy, and & \$125 for Articles & Status of Organization)
Mailing Address: New Filing Section Street Address: New Filing Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 8 11 2023 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BELISARIUS LLG
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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 16 day of August	20 23	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: 4 Printed Name: Trona MALLORY	Title: MANAGER	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Mallory Printed Name: Ivona Mallory		
Printed Name: Ivona Mallory	Title: NANAGER	
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
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Signature:Printed Name:	77.1	
Printed Name:	litte:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an Inc		
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.		
All others: Signature of an authorized person.		27.77
Fees:		1
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	27-11-12-14 Mil 7:31

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
9709 Little Pond Way TAMPA FL 33647	9709 Little Pond Way TAMPA FL 33647

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

IVONA MALLORY	
Name '	
9709 Little Pond Way Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable)	202
TAMPA FL 33647	Ś
City Zip	1.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	Times Marian	
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	TAMBA FL 33647	π. -
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(Ose attachment if necessary)		
CLE V: Other provisions, if any.		·
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REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:		111 /:3/

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