L23000485948

	(Requestor's Name)
-	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Coples	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



800417582208



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE10/2 5 /2023	**WALK IN**
ENTITY NAME CAEL	ESTIS HOLDINGS, LLC
DOCUMENT NUMBE	R
	PLEASE FILE THE ATTACHED AND RETURN
xxxxxxxxxx	Plain Copy
	Certified Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION **
COUNTRY OF DESTIN	ATION
NUMBER OF CERTIFIC	CATES REQUESTED
TOTAL OWED \$ 150	ACCOUNT # 120160000072 4: 1
Please call Tina as	t the above number for any issues or concerns. Thank you so much!

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 Conversion is: Caelestis Holdings, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company (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)
10/02/2020 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Caelestis Holdings, 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 24th day of October	20_23
Signature of Authorized Representative of Li	mited Liability Company:
	8
Signature of Authorized Representative: Printed Name: Saray Djidji	rria Attamania Foot
Printed Name: Saray Djidji	Title: Attorney in Fact
Signature(s) on behalf of Other Business Entity	: [See below for required signature(s)]
Signature:	
Signature:	Title: Attorney in Fact
Signature:	
Signature:Printed Name:	Title:
Signature:	Title
Printed Name:	1ide:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Timed Name.	Title.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, o	
If Directors or Officers have not been selected, an	Incorporator must sign.
If Florida General Partnership or Limited Liab	oility Partnership:
Signature of one General Partner.	
If Florida Limited Doutneyship on Limited Link	iliter I imited Donamouskins
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	inty Limited Partnership:
<u></u>	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLE I - Name:			
The name of the Limited Liab	bility Company is:		
Caelestis Holding	s, LLC		
(Must c	contain the words "Limited Li	iability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	et address of the principal off	ice of the Lin	nited Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
	enue, Suite 112731		6850 Collins Avenue, Suite 112731
Sunny Isles, FL 3	3160	 .	Sunny Isles, FL 33160
The name and the Florida stre	-		
The name and the Florida stro	eet address of the registered a Corporate Creations N		
The name and the Fłorida stro	Corporate Creations N 801 US Highway 1	etwork Inc. Name	
The name and the Fłorida stro	Corporate Creations N	etwork Inc. Name	OT acceptable)
The name and the Florida stro	Corporate Creations N 801 US Highway 1 Florida street address North Palm Beach	etwork Inc. Name (P.O. Box <u>NC</u> FL	33408
The name and the Fłorida stro	Corporate Creations N 801 US Highway 1 Florida street address	etwork Inc. Name (P.O. Box NC	
laving been named as register place designated in this certific further agree to comply with the	Corporate Creations N 801 US Highway 1 Florida street address North Palm Beach City red agent and to accept service rate, I hereby accept the appoint of all statutes related obligations of my position as	etwork Inc. Name (P.O. Box NC FL State e of process for intment as regulating to the process registered as	33408

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Pegean L. James Manager 16850 Collins Avenue, Suite 112731 Sunny Isles, FL 33160 Bryan D. James Manager 16850 Collins Avenue, Suite 112731 Sunny Isles, FL 33160 (Use attachment if necessary) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Saray Djidji, Attorney in Fact

Filing Fees:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, E.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2:20

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