# L23000 495735

(R	equestor's Name)	
(Address)		
(A	ddress)	<del></del>
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	usiness Entity Nar	ne)
(3.	asiness Emily (va.	ney
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2023 SEP 19 FH 1:

# COVER LETTER

Division of C	orporations		
SUBJECT: Shervin S	Sarfallah LLC		
30b3EC1	(Name of Res	ulting Florida Limited C	ompany)
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Shervin Sarfallah			
	(Contact Person)		
Shervin Sarfallah LLC			
	(Firm/Company)		
2398 SW 22nd Avenue	;		
<del></del>	(Address)		
Miami, FL 33145			
((	City, State and Zip Code)		
mira@lavoingetcpa.coi	m		
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Mira Ibrahim		at ( <sup>7142611599</sup> )	
(Name of Conta	et Person)		Daytime Telephone Number)
	or the following amou a bank located in the		essed 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	□S180.00 Filing Fees and Certified Copy	☐\$185 00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S	ection	Nev	ect Address: w Filing Section vision of Corporations
•			Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

#### 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:  Vintech 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)
11/26/2018 OB
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Shervin Sarfallah 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 14 day of March	20
Signature of Authorized Representative of Lin	nited/Liability Company:
Signature of Authorized Representative: Printed Name: Shervin Sarfallah	L
Signature(s) on behalf of Other Business Entity:	_
Signature: A. A.	
Printed Name: Shervin Sarfallah	Title: Owner/Member
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Tid.
	11tte:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Doutnambia.
Signature of one General Partner.	ty rarthership:
ICTU IN THE CO	
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
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)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	AT LORIDA LIMITED LIADILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compa	my ice
The families of the Billinear Elability Compa	ny 15.
Shervin Sarfallah LLC	
(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:
2398 SW 22nd Avenue	2398 SW 22nd Avenue
Miami, FL 33145	Miami, FL 33145
(The Limited Liability Company cannot serve as its owr business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
Shervin Sarfallah	N.
	Name
2398 SW 22nd Avenue	
Florida street address	(P.O. Box NOT acceptable)
Miami 	FL 33145
City	Zip
liability company at the place designa registered agent and agree to act in this c statutes relating to the proper and compaccept the obligations of my position of the control of the con	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all older performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S  Signature (REQUIRED)
(CON	TINUED)

ARTICLE IV-		
The name and address of each pe Company:	rson authorized to manage and o	control the Limited Liability

Name and Address:

2398 SW 22nd Avenue, Miami, FL 33145

Shervin Sarfallah

<u>Title:</u> "AMBR" = Authorized Member

"MGR" = Manager AMBR

<del></del>	
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
any false information submitted in a docume as provided for in s.817.155, F.S.	a authorized representative of a member ith section 605.0203 (1) (b). Florida Statutes. I am aware that ent to the Department of State constitutes a third degree felony
Shervin Sarfallah	
Турс	ed or printed name of signee
\$125.00 William Francis and 1911	Filing Fees
\$ 30.00 Certified Copy (Optional)	Organization and Designation of Registered Agen
3 30.00 Certified Copy (Optional)	\$ 5.00 Certificate of Status (Optional)