L23000516735

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

Division of C						
SUBJECT: MOPAN	OU LLC					
	(Name of Res	sulting Florida Lin	nited Cor	nipany)	_	
The enclosed Article Business Entity" into	s of Conversion, Artic a "Florida Limited L	les of Organiza	ition, ar ny" in a	nd fees are submitted to accordance with s. 605.	convert an	ı "Othe
Please return all corr	espondence concernin	g this matter to	:			
SOBNER PIERRE						
	(Contact Person)					
MOPANOU LLC						
	(Firn/Company)		_			
5098 BRIGHT GALAX	Y LN					
	(Address)		_			
GREENACRES, FL 33	33463					
	City, State and Zip Code)	·	_			
MOPANOULLC@GM/	AIL.COM					
E-mail Address: (to b	be used for future annual re	port notifications)				
For further informati	on concerning this ma	tter, please call	:			
SOBNER PIERRE	C	561	、5061	527		
(Name of Contr	nct Person)	_at () e)(Dav	ytime Telephone Number)		
	•		•	•		
	for the following amou a bank located in the		proces	sed 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	□\$180,00 Filin and Certified Co		■\$185.00 Filing Fees. Certified Copy, and Certificate of Status		
Mailing Add	ress:		Stree	t Address:		2(
New Filing S			New	Filing Section		23
Division of C P.O. Box 632				ion of Corporations		2023 Oct
Tallahassee, I				Centre of Tallahassee N. Monroe Street, Suit	re 810 + 5	6
, ,				hassee, FL 32303	.0 010 .	
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					<u>.</u>	

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.

MOPANOU LLC (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LLC	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust,	ctc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
12/30/2019 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	n:
MOPANOU 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	ter
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.	e
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.	to

Signed t	liis <u>08</u>	day of <u>10</u>	 	20.2.3	
Signatu	re of Authori	zed Representative o	f Limite	ed Liability Company:	
Signatur Printed N	re of Authorize Name: <u>SOBNE</u> F	ed Representative: R PIERRE	6	Title MGR	
) /	ntity: [S	ee below for required signature(s)	
Signatur	C: ODDIE	- Joseph State of the State of		1100	
Printed N	Name: SOBNEF	CHERRE		Title: MGR	
Signatur Printed N	e: Name:			Title:	
Signatur Printed N	e: Name:			Title:	
Printed N	Vame:			Title:	
Signatur	e:			Title:	
Printed P	Name:			Title:	
Signature Printed N	e: Name:		_	Title:	
				- Mile.	
Signature		<u>n:</u> . Vice Chairman, Direct have not been selected			
	la General Pa e of one Gener	rtnership or Limited I al Partner.	<u>Liability</u>	Partnership:	
	<u>la Limited Par</u> es of <u>ALL</u> Ger		Liability	Limited Partnership:	
All other	rs: e of an authori:	zed person.			
Fees:					
	Articles of Cor	wersion:		\$25.00	:
		a Articles of Organiza		\$125.00	
	Certified Copy Certificate of S			\$30.00 (Optional)	
•	crimeate of S	natus.		\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR F	LORIDA LIVII I ED LIADI	LITY COM	FAINT		
ARTICLE I - Name: The name of the Limited Liability Company is	S:				
MOPANOU LLC					
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited	Liability Com	ipany is:		
Principal Office Address:	Mailing Address:				
5098 BRIGHT GALAXY LN, GREENACRES,	5098 BRIGHT GALAXY LN,	GREENACRE	5		
FL, 33463	FL 33463				
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an in-				
APHIDALITZ PIERRE					
Nam	ne				
5098 BRIGHT GALXY LN					
Florida street address (P.C	O. Box <u>NOT</u> acceptable)				
GREENACRES	FL 33463				
City	Zip				
Having been named as registered agent and liability company at the place designated to registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby acce wity. I further agree to comply performance of my duties, and	ept the appoint with the provi I I am familiar	ment as sions of all with and		
Registered Agent's Sig	gnature (REQUIRED)		~ 3		
(CONTI	NUED)	<u>21</u>	2029 OCT		
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ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	SOBNER PIERRE 5098 BRIGHT GALAXY LN, GREENACRES FL
AMBR	RENETTE GENESCAR 5098 BRIGHT GALAXY LN, GREEBACRES FL
AMBR	APHIDALITZ PIERRE 5098 BRIGHT GALAXY LN, FL, 33463
	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
·	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that timent to the Department of State constitutes a third degree felong
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. SOBNER PIERRE	e with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felong
Signature of a member or This document is executed in accordance any false information submitted in a document or submitted in a	with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felongy printed name of signee Filing Fees
Signature of a member or This document is executed in accordance any false information submitted in a document is provided for in s.817.155, F.S. SOBNER PIERRE Ty \$125.00 Filing Fee for Articles of	with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felongy properties of printed name of signee Filing Fees of Organization and Designation of Registered Ag
Signature of a member or This document is executed in accordance any false information submitted in a document or submitted in a	with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felon printed name of signee Filing Fees of Organization and Designation of Registered Ag
Signature of a member or This document is executed in accordance any false information submitted in a document is provided for in s.817.155, F.S. SOBNER PIERRE Ty \$125.00 Filing Fee for Articles of	e with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felon properties of Properties of State constitutes a third degree felon properties of Organization and Designation of Registered Agnal) S 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ıy is:	
MOPANOU LLC		
(Must contain the words "Limited E	liability Company, "L.L.C.," or "	LLC.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address	<u>:</u>
5098 Bright Galaxy Ln	5098 Bright Galaxy	Ln
Greenacres	Greenacres	
FL 33463	FL 33463	
The name and the Florida street address of APHIDALITZ PIERRE	the registered agent are:	
5098 BRIGHT GALAXY	LN	
Florida street address	(P.O. Box NOT acceptal	ole)
GREENACRES	FL ³³⁴⁶³	
City	Zip	
Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constantes relating to the proper and compaccept the obligations of my position of	ted in this certificate, I her apacity. I further agree to dete performance of my di	reby accept the appointment as o comply with the provisions of all uties, and I am familiar with and wided for in Chapter 605, F.S
phia	Signature (REQUIRED)	2023 OCT 16 PK 1:3
✓ Registered Agent's	Signature (REQUIRED))
		<u>ن</u> ح
(CON	TINUED)	Př
J.		P: 3