L23000518038

(Re	equestor's Name)	
(Ad	ldress)	_
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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10/13/23--01036--014 **185.00

FILED 2023 OCT 13 PM 1:20

COVER LETTER

TO: New Filing Section Division of Corporations		
ALLSTARS SUNSHINE LLC (N	lew LLC after Conversion)	
SUBJECT: (Name of R	Resulting Florida Limited Cor	npany)
	icles of Organization as	of Comments of the I
Please return all correspondence concerni	ing this matter to:	
Jennifer Klein		
(Contact Person) ALLSTARS LLC		
(Firm/Company) 3013 Yamato Rd B12, Unit 120		
(Address) BOCA RATON, FL 33434		
(City, State and Zip Code enniferktein@yahoo.com)	
E-mail Address: (to be used for future annual	report notifications)	
For further information concerning this m Jennifer Klein	561 919	i-8850
(Name of Contact Person)	at () (Area Code) (Day	time Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	ount: (All checks processed United States)	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	S180.00 Filing Fees and Certified Copy	回S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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.

Signed this 5th day of October	20_23	
Signature of Authorized Representative of Limite		
Signature of Authorized Representative:Printed Name: Jennifer Kløin	Title: AMBR	
Signature(s) on behalf of Other Business Entity: 1S	ee below for required signature(s)	
Signature: Jennifer Klein Printed Name Jennifer Klein	District.	
Simplify:	Title: Principal	
Signature:Printed Name:	Title:	
Signature: Printed Name:		
Signature: Printed Name:	Title:	
Signature: Printed Name:		
Signature:Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco	officer. Orporator must sign.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	v Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	
All others: Signature of an authorized person.		2023
Fees:		0007
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	1-11. ED 2023 OCT 13 PH 1: 20 ALL MIASSES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	Same: Limited Liability Company	is:	
ALLSTARS SUNS			
ı	(Must contain the words "Limited Lie	ability Company, "L.L.C.," or	r*LEC*)
ARTICLE II -	Address:		
The mailing add	lress and street address of th	e principal office of the	ne Limited Liability Company is:
Principal Offic		Mailing Addre	
ALLSTARS SUNS	SHINE LLC	ALLSTARS SUNS	SHINE LLC
3013 Yamato Rd	B12, Unit 120	3013 Yamato Rd	
Boca Raton, FL 3	3434	Boca Raton, FL 3	
The state of the s	by Company cannot serve as its own I am active Florida registration.) The Florida street address of the Jennifer Klein		
		lame	
		varric	
	3246 Harrington Drive		
	Florida street address	(P.O. Box <u>NOT</u> accep	table)
	Boca Raton	33496 FL	
	City	Zip	
registered ago statutes rela	ent and agree to act in this conting to the proper and composition of my position of my position of Registered Agent's	ed in this certificate, I apacity. I further agre lete performance of m	process for the above stated limited hereby accept the appointment as the to comply with the provisions of a widutes, and I am familiar with and provided for in Chapter 605. F.S.

	Name and Address:
<u>Fitle:</u>	Name and Address.
'AMBR" = Authorized Member	
'MGR" = Manager AMBR	Jennifer Klein
AMBH	3013 Yamato Rd B12, Unit 120
	Boca Raton, FL 33434
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	with section 605,0203 (1) (b), Florida Statutes, I am aware
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.	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
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.	with section 605,0203 (1) (b), Florida Statutes, I am aware

ARTICLE IV-