

L23000533644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

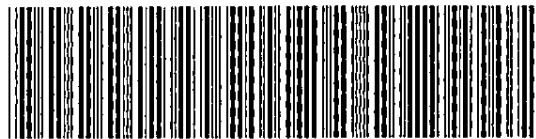
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



000418724330

11/13/23--01045--012 **185.00

23:07

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 30 Sinawoy 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:

Richard Ellenbogen

(Contact Person)

(Firm/Company)

250 N Cortez Drive

(Address)

Margate, FL 33068

(City, State and Zip Code)

richard@ellenbogen.law

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Richard Ellenbogen 203 216-9481

(Name of Contact Person) at () (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)

<input type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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Mailing Address:

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

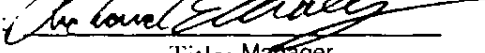
Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303


11:07

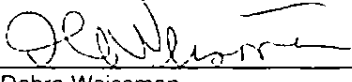
Signed this 6th day of November 2023.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: Richard Ellenbogen Title: Manager

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 
Printed Name: Richard Ellenbogen Title: Manager

Signature: 
Printed Name: Debra Weissman Title: Manager

Signature: _____
Printed Name: _____ Title: _____

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 Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of **ALL** General Partners.

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)

2018:07

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Richard Ellenbogen 250 N Cortez Drive Margate, FL 33068

Manager

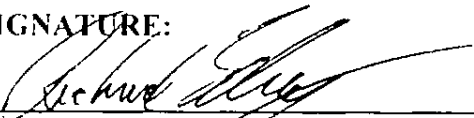
Debra Weissman 250 N Cortez Drive Margate, FL 33068

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

None

REQUIRED SIGNATURE:



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

Richard Ellenbogen

Typed or printed name of signee

Filing Fees

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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and Certificate of
Status

☐ \$180.00 Filing Fees
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☒ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

Mailing Address:

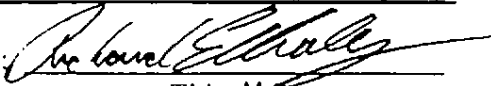
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Signed this 23rd day of November 2023.

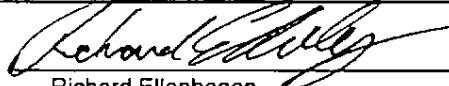
Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: Richard Ellenbogen

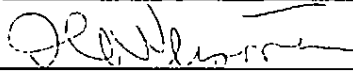
Title: Manager

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 

Printed Name: Richard Ellenbogen

Title: Manager

Signature: 

Printed Name: Debra Weissman

Title: Manager

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

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If Directors or Officers have not been selected, an Incorporator must sign.

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If Florida Limited Partnership or Limited Liability Limited Partnership:

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Manager

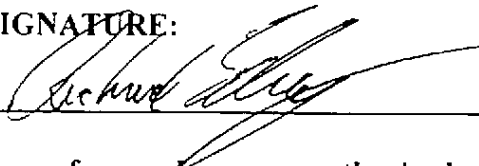
Debra Weissman 250 N Cortez Drive Margate, FL 33068

(Use attachment if necessary)

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