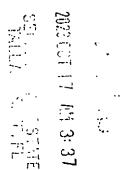
# 

(Requestor's Name)	
(Address)	
(Address)	
(1.001000)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	1
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





10/17/23--01032--001 \*\*150.00





## COVER LETTER

Division of Co	orporations						
SUBJECT: RASTVO	R DS LLC				<del></del>		
	(Name of Res	ulting Florida Lin	ited Comp	eany)			
The enclosed Articles Business Entity" into	of Conversion, Articl a "Florida Limited Li	es of Organiza ability Compar	tion, and ny" in acc	fees are submitted to cordance with s. 605.1	convert an .045, F.S.	"Other	r
Please return all corre	spondence concerning	g this matter to	;				
MADINA BAHRETDING	OVA						
	(Contact Person)		<del>_</del>				
MIACCOUNTING CO							
	(Firm/Company)		_				
800 SE 4TH AVE SUIT	E 711						
	(Address)						
HALLANDALE BEACH	FL 33009						
(C	City, State and Zip Code)		_				
INFO@MIACCOUNTIN	IG.US						
E-mail Address: (to be	used for future annual re	port notifications)	_				
For further information	on concerning this ma	tter, please call	:				
MADINA BAHRETDING	AVC	at (305	) 610-21	704			
(Name of Contac	ct Person)		e) (Dayt	ime Telephone Number)	-		
	or the following amou a bank located in the		processe	ed by this office must	be payable	in US	
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	\$25 550 650 750 750 750 750 750	2023 663	
Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassec, F	ection orporations 7	·	New F Division The Co 2415 N	Address: iling Section on of Corporations entre of Tallahassee V. Monroe Street, Suit assee, FL 32303	e 810.	17 [3:40	· · · · · · · · · · · · · · · · · · ·

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: Rastvor DS LLC	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited Liability Company	
2. The "Other Business Entity" is a	etc.
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
08/31/2022 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;
Rastvor DS 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 af 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.	Ē
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

Signed this 9th	day of October	2023
		Limited Liability Company:
Signature of Author Printed Name: <u>Dmytr</u>	rized Representative:	Title: Managing Member
Signature(s) on beh	nalf of Other Business En	tity: [See below for required signature(s)]
Signature: Printed Name: Dmytr	o Rastvortsev	Title: Managing Member
Signature: Printed Name:		Title:
Signature: Printed Name:		Title:
If Florida Corpora Signature of Chairm If Directors or Offic	an, Vice Chairman, Direct	tor, or Officer. , an Incorporator must sign.
If Florida General Signature of one Ge	Partnership or Limited I	Liability Partnership:
If Florida Limited Signatures of ALL	Partnership or Limited I General Partners.	Liability Limited Partnership:
All others: Signature of an auth	orized person.	
Fees:		
Articles of (	Conversion:	\$25.00

Fees for Florida Articles of Organization: \$125.00 \$30.00 (Optional) \$5.00 (Optional) Certified Copy: Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Rastvor DS LLC  (Must contain the words "Limited Liability Compan	y, "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: Maili	ng Address:
000 02 41117172 0011 2 1 1	E 4TH AVE SUITE 711 ANDALE BEACH, FL 33009
HALLANDALE BEACH, FL 33009 HALL	ANDALE BEACH, LE 03003
(The Limited Liability Company cannot serve as its own Registered Ager business entity with an active Florida registration.)  The name and the Florida street address of the registered Dmytro Rastvortsev  Name	•
800 SE 4TH AVE SUITE 711	
Florida street address (P.O. Box N	OT acceptable)
HALLANDALE BEACH FL	33009
City	Zip
Having been named as registered agent and to accept liability company at the place designated in this ceregistered agent and agree to act in this capacity. If ustatutes relating to the proper and complete perform accept the obligations of my position as registered Registered Agent's Signature (	rtificate, I hereby accept the appointment as riher agree to comply with the provisions of all ance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
"MGR" = Manager	
<del>-</del>	
AMBR	Dmytro Rastvortsev
	800 SE 4TH AVE SUITE 711
	HALLANDALE BEACH FL 33009
_	
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
<u>important</u> profittion	
Signature of a member or a	an authorized representative of a member
	with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felor
any false information submitted in a docume as provided for in s.817.155, F.S.	nent to the Department of State Constitution 2 2000 1-19
as provided for in s.617.133, 1.0.	1_
1 0 1	
Dmytro Rastvortsev	<del></del>
Dmytro Rastvortsev Ty	ped or printed name of signee
	ped or printed name of signee  Filing Fees  f Organization and Designation of Registered Age  Options

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

ARTICLE IV-