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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

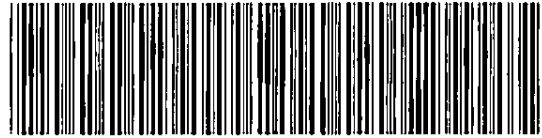
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CHAPLYGIN 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:

Nurkamila Akisheva
(Contact Person)
AARON TAX AND ADVISORY LLC
(Firm/Company)
10710 NW 62 CT
(Address)
PARKLAND FL 33076
(City, State and Zip Code)
CAMILA@AARONTAXADVISORY.COM
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

NURKAMILA AKISHEVA at (954) 5545362
(Name of Contact Person) (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 checked="" 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 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

2023 DEC -4 PM 8:16
OFFICE OF STATE
CORPORATIONS
TALLAHASSEE, FL

FILED

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:
CHAPLYGIN 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 DELAWARE
(Enter state, or if a non-U.S. entity, the name of the country)

on 07/01/2022
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
CHAPLYGIN 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 27 day of NOVEMBER 2023

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: SERGEI CHAPLYGIN Title: AMBR

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

Signature: 

Printed Name: SERGEI CHAPLYGIN Title: AMBR

Signature: 

Printed Name: OLGA ZHILINA Title: AMBR

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHAPLYGIN 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:

251 174TH STREET
UNIT 1815
SUNNY ISLES BEACH, FL 33160

Mailing Address:

251 174TH STREET
UNIT 1815
SUNNY ISLES BEACH, FL 33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NURKAMILA AKISHEVA

Name

10710 NW 62 CT

Florida street address (P.O. Box **NOT** acceptable)

PARKLAND

City

FL 33076

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

NURKAMILA AKISHEVA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

SERGEI CHAPLYGIN

251 179th St Unit 1815
Sunny Isles Beach, FL 33160

OLGA ZHILINA

251 179th St Unit 1815
Sunny Isles Beach, FL 33160

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:
Sergei Chaplygin
1F784B000692455

DocuSigned by:
Olga Zhilina
5A0A43E15000F441

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.

Sergei Chaplygin

Olga Zhilina

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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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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest of:

(b) The 90th day after the record is filed.

Dated OCTOBER 5 2023

Signature of a member or authorized representative of a member

YELENA CHSHERBININA

Typed or printed name of signee

2023 DEC 15 PM 8:46
 FILED
 U.S. DISTRICT COURT
 SOUTHERN DISTRICT OF NEW YORK
 DEPARTMENT OF JUSTICE
 OFFICE OF THE ATTORNEY GENERAL
 OFFICE OF THE INSPECTOR GENERAL
 OFFICE OF THE SECRETARY OF DEFENSE
 OFFICE OF THE SECRETARY OF HOMELAND SECURITY
 OFFICE OF THE SECRETARY OF THE ARMY
 OFFICE OF THE SECRETARY OF THE NAVY
 OFFICE OF THE SECRETARY OF THE AIR FORCE
 OFFICE OF THE SECRETARY OF THE MARINE CORPS
 OFFICE OF THE SECRETARY OF THE COAST GUARD
 OFFICE OF THE SECRETARY OF THE NATIONAL GUARD
 OFFICE OF THE SECRETARY OF THE NATIONAL RESERVE
 OFFICE OF THE SECRETARY OF THE NATIONAL DEFENSE