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(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
	siness Entity Nar	
(Bu	Siness Endty Nai	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

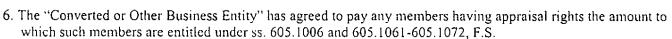
Division of C				
SUBJECT: Languag	e Embassy, LLC			
30 b 0EC1		ulting Florida Lim	ited Con	npany)
				nd fees are submitted to convert an "Other coordance with s. 605,1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Codrina Cozma				
	(Contact Person)		_	
Language Embassy, L	LC			
	(Firm/Company)		_	
4225 Iveyglen Avenue				
	(Address)		_	
Orlando, FL 32826				
((City, State and Zip Code)		_	
codrina2010@yahoo.c	om			
E-mail Address: (to b	e used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call:		
Codrina Cozma		at (²²⁹)585-	0830 ytime Telephone Number)
(Name of Conta	ct Person)	(Area Code) (Day	ytime Telephone Number)
	or the following amou a bank located in the		proces	sed 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 Filing and Certified Co		S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add				t Address:
New Filing S Division of C				Filing Section ion of Corporations
P.O. Box 632				Centre of Tallahassee
Tallahassee, I				N. Monroe Street, Suite 810

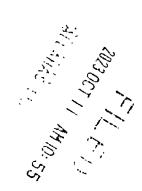
Tallahassee, FL 32303

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Language Embassy, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a single-member limited liability
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
12/22/2011 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:
Language Embassy, 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.





Signed this 5th	day of October	20 <u>23</u>	
Signature of Authoriz	zed Representative of L	imited Liability Company:	
Signature of Authorize Printed Name: CODRIN	d Representative:CA	odrina Cozma Title: President	
		y: [See below for required signature(s)]	
Signature: Codri	na Cozma	Title: President	
Printed Name: CODRIN.	A COZMA	Title: President	_
Signature:			
Printed Name:		Title:	_
Printed Name:		Title:	
Signature:	 	Title:	
Printed Name:		1 itie:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
	n: Vice Chairman, Director, have not been selected, ar		
If Florida General Pag Signature of one Gener	rtnership or Limited Lia al Partner.	bility Partnership:	
If Florida Limited Par Signatures of <u>ALL</u> Ger		bility Limited Partnership:	
All others: Signature of an authoriz	zed person.		
Fees:			

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

2023 OCT / AMO 55

ORIDA LIMITED LIABILITY COMPANY
y Company, "L.L.C.," or "LLC.")
incipal office of the Limited Liability Company is:
Mailing Address:
4225 Iveyglen Avenue
Orlando, FL 32826
l Office, & Registered Agent's Signature: lered Agent. You must designate an individual or another registered agent are:
=
. Box <u>NOT</u> acceptable)
FL 32826
Zip
o accept service of process for the above stated limited at this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
nya.
TUED)

Codrina Cozma 4225 Iveyglen Avenue Orlando, FL 32826
4225 Iveyglen Avenue Orlando, FL 32826
Orlando, FL 32826
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••
authorized representative of a member section 605.0203 (1) (b), Florida Statutes. I am awar to the Department of State constitutes a third degree
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)

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

ARTICLE IV-