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(Red	questor's Name)	
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/A.I.	In a sale	<u></u>
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(City	//State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(D.)	iness Entity Name	,
(Bus	siness Entity Name)
(Doc	cument Number)	
Certified Copies	Certificates o	f Status
		
Special Instructions to F	filing Officer:	
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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

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of KONIK LLC	Conversion is:
(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 SOUTH CAROLINA	
(Enter state, or if a non-U.S. entity, the name	e of the country)
on 08/18/2022	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	of Organization:
KONIK 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 ca	lendar 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 document's effective date on the Department of State's records.	not be listed as the
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 ri which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	ghts the amount to
	73]3
	2[24] J.S., 47
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	: -
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Signed this 10 day of JANUARY	_ 20_24
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: \(\frac{1}{2} \) Printed Name: Katerina Yanushevich	Title: Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Naven Jellin	
Printed Name: Kalerina Yanushevich	_ Title: Member
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	<u> </u>
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:
KONIK LLC	
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of tl	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2136 RAGLAN CIR	2136 RAGLAN CIR
ORMOND BEACH FL 32174	ORMOND BEACH FL 32174
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
KATERINA YANUSHEVI	СН
7	kame
2136 RAGLAN CIR	
Florida street address ((P.O. Box <u>NOT</u> acceptable)

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..

Registered Agenc's Signature (REQUIRED)

ORMOND BEACH

City

(CONTINUED)

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	KATERINA YANUSHEVICH
AMBR	2136 RAGLAN CIR
	ORMOND BEACH FL 32174
	ORMOND BEACH PL 32174
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(Use attachment if necessary)	
REQUIRED SIGNATURE:	
Jamen Jelin	
<i>U</i>	
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree f
KATERINA YANUSHEVICH	
Ту	yped or printed name of signee
	Filing Fees
	of Organization and Designation of Registered
\$ 30.00 Certified Copy (Option	ial) \$ 5.00 Certificate of Status (Option