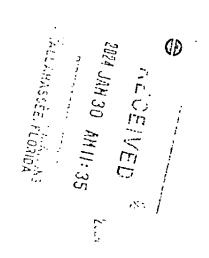
L24000054196

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

Office Use Only



500422520445





CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : 12000000195	
	REFERENCE : 296988 8332518	
	AUTHORIZATION: Squibble mon	
	COST LIMIT : \$ 150	
		-
ORDER DATE :	January 29, 2024	
ORDER TIME :	9:21 AM	
ORDER NO. :	296988-015	
CUSTOMER NO:	8332518	
	FOREIGN FILINGS	
NAME:	BORSH INVESTMENTS SERVICES LIMITED	

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY
XXXX CONVERSTION AND ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland-sorenson EXT#
EXAMINER:

COVER LETTER

TO:	New Filing S Division of C				
CUDI	RORSH	I INVESTMENTS SERV	ICES LLC		
SUBJ	ECT:	(Name of Re	sulting Florida Lin	nited Co	mpany)
The e	nclosed Article ess Entity" into	s of Conversion, Artic o a "Florida Limited L	eles of Organiza	ition, ar ny" in a	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleaso	return all corr	espondence concernin	g this matter to	:	
Pawe	Bondar Volka				
		(Contact Person)		_	
		(Firm/Company)			
709 S	AINT ALBANS [DRIVE		_	
		(Address)			
Boca	Raton, FL, 3348	6		_	
pbond	er9@gmail.com	City, State and Zip Code)			
E-n	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	rther informati	on concerning this ma	tter, please call	:	
Ceci H	lassan		at (+1 305	, 523	-9903
	(Name of Conta	ect Person)		e) (Day	ytime Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filin and Certified Co	_	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addi New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New 1 Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

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: BORSH INVESTMENTS SERVICES LIMITED
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
August 7,2013
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BORSH INVESTMENTS SERVICES 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 26 th day of Tanuary	20 <u>24</u>
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Pawel Bondar Volka	Title: Director
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:	Title: Director
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:Printed Name:	
Printed Name:	Tide:
Signature: Printed Name:	_ Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability	Officer. corporator must sign.
Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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

BORSH INVEST	MENTS SERVICES LLC		
	(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		he principal office of the Limited Liab	ility Company is:
Principal Offic	e Address:	Mailing Address:	
709 SAINT ALBA	NS DRIVE Miami- Dade, FL 33486		
business entity with	an active Florida registration.) he Florida street address of	Registered Agent. You must designate an individual the registered agent are:	
	Donal Pandas		
	Danek Bondar	Name	
	ì	Name	
	709 Saint Albans Drive		
	709 Saint Albans Drive	(P.O. Box <u>NOT</u> acceptable)	
	709 Saint Albans Drive Florida street address		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

I ITIO:	Name and Address:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address.
"MGR" = Manager	
MGR - Wanager	Pawel Bondar Volka
	709 SAINT ALBANS DRIVE
	BOÇA RATON, FL 33486
	 -
(Use attachment II necessary)	
LE V: Other provisions, if any.	
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE:	Ollo Bandro
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	or an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes, I am aware the cument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordan any false information submitted in a document in a secondary false information submitted in a document in a secondary false information submitted in a document in a secondary false information submitted in a document false information false infor	r an authorized representative of a member

ARTICLE IV-