L24000057323

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

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01/04/24--01008--026 **150.00

SECRIPARY OF STATE

T. MATTHEWS FEB - 2 2024

COVER LETTER

TO: New Filing Son Division of C				
SUBJECT: Caspia T				
SUBJECT:	(Name of Res	ulting Florida Lin	rited Con	npany)
The enclosed Articles Business Entity** into	s of Conversion, Artic a "Florida Limited Li	les of Organiza ability Compar	tion, an ny" in a	nd fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to	:	
Claudia Alvarado				
	(Contact Person)			
Klemchuk PLLC	<u></u>		_	
	(Firm/Company)			
8150 N Central Expres	ssway, 10th Floor			
	(Address)			
Dallas, TX 76206				
(0	City, State and Zip Code)	_ 	_	
wkhalil@caspiatechno	logies.com			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call	:	
Jim Chester		214	√367-	6000
(Name of Conta	ict Person)	(Area Cod	e) (Da	6000 ytime Telephone Number)
	for the following amou a bank located in the		proces	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filin and Certified C		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:		Stree	et Address:
New Filing Section				Filing Section
Division of C P.O. Box 632	•			tion of Corporations Centre of Tallahassee
1.0.1008-034			1110	COLLIG OF THE HILLIANS

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

FILED

2024 JAN -4 PM 4:50

SECRETARY OF STATE

Articles of Conversion For

"Other Business Entity"

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. ed and Dulan Factor in a distribution to the filing of the Artiples of Conversion is

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Caspia Technologies LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
January 21, 2020
January 21, 2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization : Caspia Technologies 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 28th day of December	20_23
Signature of Authorized Representative of L	imited Liability Company:
Signature of Authorized Representative: Was	leed bleatil
Signature of Authorized Representative:	ETZF 2918A TANK CEO and Manager
Printed Name: waieed knaiii	Title: OLO and Manager
Signature(s) on behalf of Other Business Entit	y: See below for required signature(s)
Signature: Walted Flialil Printed Name: Walfed Khalii	
Printed Name: Waleed Khalii	Title: CEO and Manager
Signature:	
Signature: Printed Name:	Title:
at .	
Signature:Printed Name:	Title
Printed Name:	Title.
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
.01	
Signature:Printed Name:	Title:
Printed Name.	ritic
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director	, or Officer.
If Directors or Officers have not been selected, a	n Incorporator must sign.
If Florida General Partnership or Limited Lie	ability Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Lis	ability Limited Partnershin:
Signatures of ALL General Partners.	, <u> </u>
All others:	
Signature of an authorized person.	
Fees:	
1003.	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	2024 JAH -4 PH 4: 50
The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE. FL
Caspia Technologies LLC	17 (144)
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
The maining address and street address of the pri	neipai office of the families famous, sompany and
Principal Office Address:	Mailing Address:
602 S. Main Street	602 S. Main Street
Suite 1D	Suite 1D
Gainesville, FL 32601	Gainesville, FL 32601
Mark Tehranipoor Name	
602 S. Main Street, Suite 1D	
Florida street address (P.O.	Box NOT acceptable)
Gainesville	IFL 32601
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of aperformance of my duties, and I am familiar with and existered agent as provided for in Chapter 605, F.S
Registered Agent's Sign	nature (REQUIRED)
Mark Tehra	anipoor
CONTIN	UED)

as provided for in s.817.155, F.S. $\,$

Waleed Khalil

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	Waleed Khalil		
Man	602 S. Main Street, Suite 1D		
	Gainesville, FL 32601		
	Gainesville, 7 L 32001		
MGR	Mark Tehranipoor		
	602 S. Main Street, Suite 1D		
	Gainesville, FL 32601		
	180		
(Use attachment if necessary)			
CLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
Walced Eliabil			
Signature of a member or	an authorized representative of a member		
Signature of a member or	an authorized representative of a member		

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)