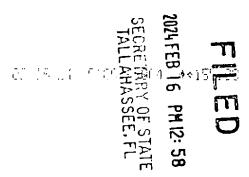
# P3 187 000018469

(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:

Office Use Only



800423690018





# COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: SIK MOV+QQQ LLC (Name of Residing Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Oth Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	ier
Please return all correspondence concerning this matter to:	
Moumfn SIK  (Contact Person)  SIK Moving agal  (Figh/Company)  5501 Mfmovial DV.  (Address)  OVIANDO, FL 32821  (City. State and Zip Code)	
MUMM-MSIK I & GMUI · LOM  E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call: $\mathbb{A}^{\frac{S}{N}}$	
For further information concerning this matter, please call:  MOMMAN SIK  (Name of Contact Person)  (Name of Contact Person)  (Area Code) (Daytime Telephone Number)	FI
Enclosed is a check for the following amount: (All checks processed by this office must be payable in Ut dollars and drawn on a bank located in the United States)	ת כ
□ \$150.00 Filing Fees (\$25 for Conversion & Status	
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

# **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:
SILK Movingage, Inc. (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>(ovpovation)</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 2/12/24 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Granization:
(Enter Name of Pforida 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 decrement is filed by the Florida Department of State)
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 16th day of Feb.	20 24		
Signature of Authorized Representative of Limit	ted Liability Company:		
Signature of Authorized Representative: Months SIIF	une SM &	_	
Signature(s) on behalf of Other Business Entity: 1	See below for required signature(s)		
Signature: MOD SIK Printed Name: MOUMON SIK	Title: P	_ _	
Signature:Printed Name:		_	
Printed Name:	_ Title:	_	
Signature:Printed Name:	_Title:	<del>-</del>	
Signature:Printed Name:		_	
Signature:Printed Name:	Title:	<del>-</del>	
Signature:Printed Name:		_	
Printed Name:	_ Title:	_	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Corporation		(2	
If Directors or Officers have not been selected, an Inc	orporator must sign.	2024 FEB SECRE IS TALLA	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	_1	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	v Limited Partnership:	16 PH12: 58	m
All others: Signature of an authorized person.		: 58 ATE	
<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 1 - Name:

The name of the Limited Liability Company is:

SIX MOV+ 9 991, (Must contain the words "Limited Rability	LUC y Company, "L.L.C.," or "LLC.	·")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:	
5501 Memorial Pr Ovlando, FL 32821	5501 Memor orlando, FC 32821	ial Pr
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist husiness entity with an active Florida registration.)		
The name and the Florida street address of the r		
Moum-en Si	115	<b>20</b> :
Name	·	74. A
550/ Memor	-191 Dr.	2024 FEB 16 SECRE TAK TALLAHA
Florida street address (P.O	. Box <u>NOT</u> acceptable)	- TASS
Orlando	FL 32821	OF S
City	Zip	PILED 2024 FEB 16 PH 12: 58 SECRETARY OF STATE TALLAHASSEE, FL
Having been named as registered agent and to	o accept service of proce.	

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 Agent's Signature (REQUIRED)

(CONTINUED)

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 14	 16		•	$V_{-}$

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" = ManagerMGR	Mumen Silk 5501 Memorial DY Orlando, FL 32821
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	2024 FEB SECRETALIAN
<u>required</u> signature:	BIG PHIZ: 58 AHASSEE, FL

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.

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)