

L24000098681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

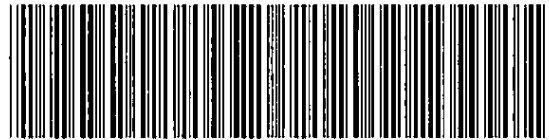
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700422737257

01/31/24--01018--013 **185.00

2024 JAN 31 PM 1:32
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Origin Staffing, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Andrei Nikulin

(Contact Person)

Origin Staffing

(Firm/Company)

8911 Collins Ave, Unit 605

(Address)

Surfside, FL 33154

(City, State and Zip Code)

Andrei@OriginStaff.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Andrei Nikulin at (617) 276-4142

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

<input type="checkbox"/> \$150.00 Filing Fees ((\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

2024 JAN 31 PM 11:00
FILED
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA

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:
Origin Staffing, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Massachusetts
(Enter state, or if a non-U.S. entity, the name of the country)

on 05/06/2019
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Origin Staffing, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 01/25/2024

(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 25th day of January 20 24 .

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Andrei Nikulin
Printed Name: Andrei Nikulin Title: CEO

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Andrei Nikulin
Printed Name: Andrei Nikulin Title: CEO

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

2024 JUN 31 PM 1:32
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Origin Staffing, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8911 Collins Ave, Unit 605
Surfside, FL 33154

Mailing Address:

8911 Collins Ave, Unit 605
Surfside, FL 33154

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Andrei Nikulin

Name

8911 Collins Ave, Unit 605

Florida street address (P.O. Box **NOT** acceptable)

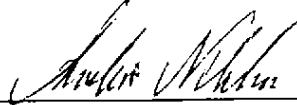
Surfside,

FL 33154

City

Zip

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)

2024 JAN 31 PM 1:32
CLERK OF DISTRICT COURT
JAN 31 2024
ED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Andrei Nikulin

8911 Collins Ave. Unit 605

Surfside, FL 33154

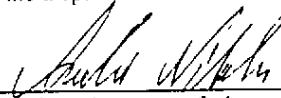
(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

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.

Andrei Nikulin - 

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)

2024 JAN 31 PM 1:32
FILED



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: December 01, 2023

To Whom It May Concern :

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

ORIGIN STAFFING LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C, on
May 06, 2019.

I further certify that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Foreign Limited Liability Company
ORIGIN STAFFING LLC

Filing Information

Document Number M24000000516
FEI/EIN Number 83-4655312
Date Filed 12/11/2023
State MA
Status ACTIVE

Principal Address

33 ARCH ST 17 FL
BOSTON, MA 02110

Mailing Address

33 ARCH ST 17 FL
BOSTON, MA 02110

Registered Agent Name & Address

NIKULIN, ANDREI
8911 COLLINS AVE UNIT 605
SURFSIDE, FL 33154

Authorized Person(s) Detail

Name & Address

Title MGR

NIKULIN, ANDREI
8911 COLLINS AVE 605
SURFSIDE, FL 33154

Annual Reports

No Annual Reports Filed

Document Images

No images are available for this filing.

FILED
2024 JAN 31 PM 1:32
CLERK OF COURT
JAN 31 2024

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FILED

2024 JAN 31 PM 1:32

CLERK

FLORIDA INDIVIDUAL ACKNOWLEDGMENT

F.S. 117.05(13)

State of Florida

County of Miami-Dade

The foregoing instrument was acknowledged before me by means of

☒ Physical Presence.

— OR —

☐ Online Notarization.

this 22 day of January, 2024, by
Date Month Year

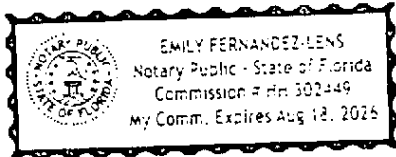
Andrei Nikulin

Name of Person Acknowledging

[Signature]
Signature of Notary Public — State of Florida

Emily Fernandez

Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

☐ Personally known

☒ Produced Identification

Type of Identification Produced: Massachusetts

Driver license

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: NAME Release for Origin Staffing LLC

Document Date: _____ Number of Pages: 1

Signer(s) Other Than Named Above: _____