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(Requestor's	Name)			
(Address)				
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(City/State/Zi	p/Phone #)			
PICK-UP W	/AIT MAIL			
(Business Er	ntity Name)			
(Document N	Jumber)			
Certified Copies Ce	rtificates of Status			
Special Instructions to Filing Officer:				

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2024 MAR 12 PH 3: 24
SECTION ACTY OF STATE

T. MATTHEWS APR - Z 2024

COVER LETTER

Division of Corporations			
SUBJECT: TRUST ALLIANCE ENTERPRISE (Name of Res	ES INC.	Emperior	Drafting, LLC
(Name of Res	ulting Florida Li	mited Company)	7
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	_		
Please return all correspondence concerning	g this matter to	o:	
MAX H SAINTIL			
(Contact Person)			
EMPERIOR CORPORATION			
(Firm/Company)			
5233 NW 33RD AVE			
(Address)			
FORT LAUDERDALE			
(City, State and Zip Code)			
FLORIDA, 33309			
E-mail Address: (to be used for future annual re-	port notifications		
For further information concerning this mat	ter, please cal	II:	
MAX H SAINTIL	at (⁷⁷²) ²⁴³⁻⁸⁴⁴³	
(Name of Contact Person)	(Area Co	de) (Daytime Tel	ephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the			his 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	S180.00 Fill and Certified C	Copy Certific	5.00 Filing Fees, ed Copy, and cate of Status
Mailing Address:		Street Addre	
New Filing Section		New Filing S	
Division of Corporations P.O. Box 6327		Division of C The Centre o	corporations f Tallahassee
Tallahassee, FL 32314			roe Street, Suite 810

Tallahassee, FL 32303

FILED

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

2024 MAR 12 PM 3: 24

SECRETARY OF STATE

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: TRUST ALLIANCE ENTERPRISES INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a INC. (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)
06/15/2020 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
EMPERIOR DRAFTING, 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 8TH day of MARCH	2024	
Signature of Authorized Representative of Limi		<u>iV:</u>
Signature of Authorized Representative: Printed Name: MAX H SAINTIL	Title: PRESIDENT	
Signature(s) on behalf of Other Business Entity:	' \ See below for required	/ d signature(s)]
Signature:		
Printed Name: MAX H SAINTU	Title: PRESIDENT	
Signature:		
Printed Name:	Title:	
6.		i
Signature: Printed Name:	Title	1
Signature:		
Printed Name:	Title:	i
Signature:		
Printed Name:	Title:	
0.		
Signature: Printed Name:	Titlar	
Timed Name.		
If Florida Corporation:		•
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an Inc	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
ICEL CL. 12-2-1 Days and the Control of the Control	. 1	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership	<u>):</u>
organica of <u>real</u> Oction Furthers.		
All others:		
Signature of an authorized person.		•
Fees:		i.
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	2024 HAR 12 PM 3: 24
The name of the Limited Liability Company is:	SECRETARY OF STATE TAY LAYASSEE. FL
EMPERIOR DRAFTING, LLC	IN The Modern
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5233 NW 33RD AVE	5233 NE 33RD AVE!
FORT LADERDALE Laududale	FORT LAUDERDALE
FLORIDA, FL 33309	FLORIDA, FL 33309
business entity with an active Florida registration.) The name and the Florida street address of the r MAX H SAINTIL	registered agent are:
Name	
Name	
5233 NW 33RD AVE	i
Florida street address (P.O	. Box NOT acceptable)
FORT LAUDERDALE	FL 33309
City	Zip
liability company at the place designated in registered agent and agree to act in this capac 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 all performance of my duites, and I am familiar with and

Registered Agent s Signature (REQUIRED)

(CONTINUED)

A	D	\mathbf{T}	IC		r	I	V	
/1	П		IL.	Lı	r.	- 1	•	-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	MANY II OAINTII
MGR	MAX H SAINTIL
	5233 NW 33RD AVE
	FORT LAUDERDALE, FL 33309
	
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	<u> </u>
(Use attachment if necessary)	
TICLE V: Other provisions, if any.	
	<u> </u>
REQUIRED SIGNATURE	QUI
	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
MAX H. SAINTIL	:
Tvi	ped or printed name of signee
- 71	Till D

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)