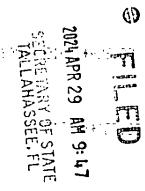
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| | (Requestor's Name) | |
|-------------------------|--------------------------|----------------|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| | (Business Entity Name) | |
| | | |
| | (Document Number)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

Office Use Only



200428176092







COVER LETTER

| SUBJECT: Noor Jehan 12 Enterphises, LLC (Name of Resulting Florida Limited Compa | any) |
|---|--|
| (Name of Resulting Florida Limited Compa | any) |
| The enclosed Articles of Conversion, Articles of Organization, and Business Entity" into a "Florida Limited Liability Company" in acc | fees are submitted to convert an "Other ordance with s. 605.1045, F.S. |
| Please return all correspondence concerning this matter to: | |
| Sadiqui Hasan (Contact Person) | |
| | s p Food mart |
| 5648 Blountstown HWY (Address) | |
| Tallahassee, FL, 32304 (City, State and Zip Code) | |
| Sadia hassan 62@ hetmail.com E-mail Address: (to be used for future annual report notifications) | |
| For further information concerning this matter, please call: | |
| <u> </u> | 38 9767 me Telephone Number) |
| Enclosed is a check for the following amount: (All checks processed dollars and drawn on a bank located in the United States) | |
| (\$25 for Conversion and Certificate of and Certified Copy | S185.00 Filing Fees, Certified Copy, and Certificate of Status |
| New Filing SectionNew Filing SectionDivision of CorporationsDivisionP.O. Box 6327The Central Tallahassee, FL 32314Tallahassee, FL 323142415 N | Address: iling Section on of Corporations entre of Tallahassee I. Monroe Street, Suite 810 assee, FL 32303 |

TO: New Filing Section
Division of Corporations

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:

Noor Jeron 12 Enterprises LLC (Enter Name of Other Business Entity)

| 2. The "Other Business Lintity" 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 Austin, Texas (Enter state, or if a non-U.S. entity, the name of the country) |
| on 04/18/2024 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Noor Jehan 12 Enter prises, LLC (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: <u>OUIBOIZOU</u> . (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 29th day of April | . 20 <u>24</u> | |
|---|--|---|
| Signature of Authorized Representative of Limite | ed Liability Company: | |
| Signature of Authorized Representative: 95 Printed Name: Sadiq Vi Hasen | Title: MANAGING MEMBER | |
| Signature(s) on behalf of Other Business Entity: [S | | |
| Signature:Printed Name: Sadiqui Hasan | Title: MANAGING MEMBER | |
| Signature: Sadial | Title: | - - |
| Signature:Printed Name: | Title: | - - |
| Signature:Printed Name: | Title: | - - |
| Signature:Printed Name: | _ Title: | - - |
| Signature:Printed Name: | _ Title: | <u>-</u> - |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc. | Officer. orporator must sign. | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | y Partnership: | |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. | y Limited Partnership: | |
| All others: Signature of an authorized person. | | |
| <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) | PILED 2024 APR 29 AM 9: 47 FALLAHASSEE, FLATE |
| | | 79 7 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: |
|--|
| Noor Jehan 17 Enter onses, 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: Mailing Address: |
| 5468 Biountstown HWY Same as principal Tallonassee, FL 32304 BP Gos & Fred Mart BP Gos & Fred Mart |
| 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: |
| Sadiqui Hasan Name |
| |
| 5468 Bloomstown HWY (Tallanassee, FL 32304) Florida street address (P.O. Box NOT acceptable) |
| |
| Tallahassee FL 32304 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. |
| Registered Agent's Signature (REQUIRED) |
| (CONTINUED) |

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability

| <u>l'itle:</u> 'AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager MGR | Sadiqui Hasen |
| | 5468 Blowntstown HWY, Tallenessee FL 137304 |
| | |
| | |
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| | |
| | |
| (Use attachment if necessary) | |
| , | |
| , | |
| LE V: Other provisions, if any. | |
| , | zadigh Ze |
| Signature of a member or This document is executed in accordance any talse information submitted in a document provided for in s.817.155, F.S. | an authorized representative of a member AD: with section 605.0203 (1) (b), Florida Statutes. I am aware that the Department of State constitutes a third degree reliance. |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any talse information submitted in a document provided for in s.817.155, F.S. | an authorized representative of a member HD: with section 605.0203 (1) (b), Florida Statutes. I am aware that the ment to the Department of State constitutes a third degree Telony |

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)