L24000 192765

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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01/10/24--01005--013 **155.00



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 NK Capital LLC	e "Other Business Entity" immediate	ely prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Busin	ness Entity)
2. The "Other Bus		
(Enter e	ntity type. Example: corporation, limited	partnership, general partnership, common law or business trust, etc.)
First organized, for	rmed or incorporated under the laws	Colorado
	or morporation and are not all	(Enter state, or if a non-U.S. entity, the name of the country)
9/5/2017 on		
	on, formation or incorporation)	
3. The name of the	e Florida Limited Liability Compan	y as set forth in the attached Articles of Organization:
NK Capital-LLC	NEK Capital Limited Lial	-LC.
	(Enter Name of Florida Limited Lial	oility Company)
(The effective date		pt or filed date nor more than 90 calendar days after
Note: If the date inser	ment is filed by the Florida Depaired in this block does not meet the applicable date on the Department of State's records.	ole statutory filing requirements, this date will not be listed as the
5. The plan of conv	version has been approved in accord	ance with all applicable statutes.
	or Other Business Entity" has agreed abers are entitled under ss. 605.1006 a	to pay any members having appraisal rights the amount to and 605.1061-605.1072, F.S. FLED FLED FLED

Signed this 4th day of January	20 24	
Signature of Authorized Representative of I	Limited Liability Compone	
Signature of Authorized Representative: W Printed Name: Nikita Kuznetsov	\A.1 \V2	
Signature(s) on behalf of Other Business Entit	Y: [See below for required signature(s)]	
Printed Name: Nikita Kuz retsov	Titio: Owner	_
Signature:	Title. Owner	- -
Signature: Printed Name: Signature:	Title ·	_
Signature:		_
Signature: Printed Name:	Title:	
Signature:		
Signature:		=
Signature: Printed Name:	Title:	-
Signature: Printed Name:		-
	Title:	•
f Florida Corporation: lignature of Chairman, Vice Chairman, Director, of Directors or Officers have not been selected, an I		
Florida General Partnership or Limited Liabilignature of one General Partner.	lity Partnership:	
Florida Limited Partnership or Limited Liabil gnatures of ALL General Partners.	ity Limited Partnership:	2024 FIAR - 5 SECRETARY ALLAHASSEE
ll others: gnature of an authorized person.		R-5 PMI R-5 PMI R-S PMI RASSEE, FIG
es:		PMI2: 20
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 I - Name: The name of the Limited	Liability Company	is:	
<u></u>	JEK Cap in the words "Limited Liab	hility Company, "L.L.C.," or "LLC.	")
ARTICLE II - Address:			
The mailing address and	street address of the	principal office of the Lim	nited Liability Company is:
Principal Office Addres	<u>s:</u>	Mailing Address:	
116 Bright ibis ave			
Apollo Beach FL 33572			
(The Limited Liability Company business entity with an active Florida The name and the Florida	cannot serve as its own Reported registration.) street address of the	red Office, & Registered Agent. You must designate e registered agent are:	e an individual or anoffice FILE ARY ARY SETARY
Nikita	Kuznetsov		- ES 22 O
116 B	Na right ibis ave	me	ED PHIZ: 20 UF STATE E. FLORIDA
Flor	ida street address (P	.O. Box NOT acceptable)	
Apollo	Beach	FL 33572	_
	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 (REOUIRED)

(CONTINUED)

ARTICLE IV-

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

BANKED OF A SALE STORY AND A SALE OF	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Nikita Kuznetsov
	116 Bright ibis Ave
	Apollo Beach FL 33572
	Applied Detection 1 2 door 2
/T 7	
(Use attachment if necessary)	
(Use attachment if necessary)	
•	
(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.	1
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	2
LE V: Other provisions, if any. REQUIRED SIGNATURE:	2
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felow.
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo ATMENTS ped or printed name of signee Filing Fees

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