L240000193127

(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:	

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T.J.H 4/20/24

COVER LETTER

	New Filing So Division of C				,			
CHD IE	CT: lon Empi	re LLC						
SUBJE	C1;	(Name of Res	ulting Florida Lim	ted Cor	npany)			
		•	_	-	nd fees are submitted to coordance with s. 605.			Othe
Please re	eturn all corre	espondence concerning	g this matter to:					
Ion Chitu	J							
		(Contact Person)		_				
Ion Empi	ire LLC							
	<u> </u>	(Firm/Company)		_				
5864 NV	V Lovett Rd							
		(Address)		-				
Greenvill	le, FL 32331						2024 <i>I</i> .P.2. 15	
·	((City, State and Zip Code)		_			- TO	
leannion	empire@gmai	l.com						
E-mai	l Address: (to b	e used for future annual re	port notifications)	_				
For furth	her information	on concerning this ma	tter, please call:			. 7: = 1	PH 2: 00	::
Ion Chitu	ı		_at (250-	6500	<u>ن م</u> م)	
((Name of Conta	et Person)	(Area Code) (Day	ytime Telephone Number)	_		
		or the following amou a bank located in the		proces	sed by this office must	: be payat	ole in	US
(\$25 for C	Conversion or Articles	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Co		\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
1 1 F	Mailing Addi New Filing So Division of C P.O. Box 632 Fallahassee, F	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suihassee, FL 32303	te 810		

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: lon Empire LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Partnership (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)
July 5, 2011 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: lon Empire 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 1st	day of April	20 24
		of Limited Liability Company:
Signature of Author	rized Representative:	for Chit
Printed Name: Ion Ch	nitu	Title: Owner
	· · · · · · · · · · · · · · · · · · ·	
Signature(s) on beh	alf of Other Business E	ntity: See below for required signature(s)
Signature: Journal Printed Name Ion Ch	Mita	
Signature:	<u> </u>	mid. Owner
Printed Name: Ion Ch	nitu	Title: Owner
Sionature:		
Printed Name:		Title:
	<u> </u>	
Signature:		
Printed Name:		Title:
Ciamutana		
Signature:		Title:
rimed Name		TRIC
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corporat	tion:	
	an, Vice Chairman, Direc	tor or Officer
		d, an Incorporator must sign.
	Partnership or Limited	Liability Partnership:
Signature of one Ger	neral Partner.	
[6 E]	n	Finkilia, Finia d Bonto making
Signatures of ALL (Liability Limited Partnership:
Signatures of ALL C	ichciai i arthets.	
All others:		
Signature of an author	orized 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)

ARTICLE I - Name: The name of the Limited	Liability Company is:	
Ion Empire LLC		
(Must conta	in the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address The mailing address and		incipal office of the Limited Liability Company is:
Principal Office Addre	88:	Mailing Address:
603 E. Green Street		5864 NW Lovett Rd
Perry, FL 32347		Greenville, FL 32331
· · · · · · · · · · · · · · · · · · ·		
the Limited Liability Company business entity with an active F The name and the Florid	orida registration.)	ered Agent. You must designate an individual or another egistered agent are:
lon C	hitu	
	Name	
200		
	Green Street	Box NOT acceptable)
Perry	ida sireet address (1.0.	32347
	City	Zip
	City	Zip
liability company at registered agent and ag statutes relating to th accept the obligation	the place designated in gree to act in this capaci e proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all verformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
	(CONTINI	JED)

ARTICLE IV-

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

'MGR" = Manager	Kethara Daggin
CEO	Kathryn Reagin 603 E. Green Street
	Perry, FL 32331
	**·
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware tha
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as 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 felor
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felor
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Signature of a member or This document is executed in accordance any false information submitted in a document as 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