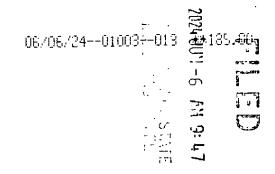
# L14000249663

(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:

Office Use Only



800430722818



RECEIVED

101-JUN-6 PHI2: 39

#### **COVER LETTER**

TO:	New Filing Section Division of Corporations			
SUBJ	ECT:			
	(Name of Resu	alting Florida Limited Co	ompany)	
	nclosed Articles of Conversion, Article ess Entity" into a "Florida Limited Lia			
Please	e return all correspondence concerning	this matter to:		
_ <u>/</u> /	Contact Person)  NS Enterprises (Firm/Company)  350 NW 42rd 34			
	(Address)  HE CANDERON'S CONTROL (City, State and Zip Code)  (City, State and Zip Code)  (MS CATERON'S CONTROL (City)  (Address)  (City, State and Zip Code)  (City, State and Zip Code)  (City, State and Zip Code)  (Address)	33309 oct notifications)		2024 JUN -8 - 1.11
		-		# 9: 4: 
	(Name of Contact Person)	_at () (Area Code) (D	aytime Telephone Number)	- E 4
dollar  \$1: (\$25 for & \$12	sed is a check for the following amounts and drawn on a bank located in the Use 10.00 Filing Fees and Certificate of Status anization)	United States)  ☐\$180.00 Filing Fees		e payable in US
	Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Div The 241	vet Address: v Filing Section ision of Corporations Centre of Tallahassec 5 N. Monroe Street, Suite ahassee, FL 32303	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.

(Enter Name of Other Business Entity)	<del></del>
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnersh	hip, 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)
on 8-1-27 (date of organization, formation or incorporation)	
(date of organization, formation or incorporation)	202
3. The name of the Florida Limited Liability Company as set forth in the attac	ched Articles of Organization:
Soltek CLC	
(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	re 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 requirement	ate this data will not be listed as the
document's effective date on the Department of State's records.	ins, this date will not be listed as the

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 6th day of June	20 24 .	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative:  Printed Name: Nesley Tanis	Title: MGR	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature:		
Printed Name: Wesley Tanis	_Title: MGR	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:		
Printed Name:	_	
Signature: Printed Name:	Title:	· &
If Florida Corporation:		)2 <sub>1</sub> , J
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		9-14
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:	## 9:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	47
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	ncipal office of the Limited Liability Company is:  Mailing Address:
33510 NW 43rd Street, Fort landerdak, FC 33509	3350 NW 43rd Street Fort Landerdak, FL, 33509
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Wesley Ta. Name	<u> </u>
3350 WW C Florida street address (P.O.	Box NOT acceptable)
Fort Landerdale	FL 33369 3 5 5
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

TALADON A ST. C. SA. S.	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
M G R	Wesley Tanis
	3350 NW 4778 Street
	Fact Conderdale, EL, 3330
AMBR	INS Enterprises LLC
	3550 NW 43rd Street
	Fort landerdale, FL, 323
	· · · · · · · · · · · · · · · · · · ·
Use attachment if necessary)	
Use attachment if necessary)	•
Use attachment if necessary)  LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
EV: Other provisions, if any.	
REQUIRED SIGNATURE:  Signature of a member or a	n authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance v	with section 605.0203 (1) (b), Florida Statutes, I am aware
Signature of a member or a This document is executed in accordance vany false information submitted in a document as provided for in s.817.155, F.S.	vith section 605.0203 (1) (b), Florida Statutes. I am aware tent to the Department of State constitutes a third degree f
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance vany false information submitted in a document as provided for in s.817.155, F.S.	vith section 605.0203 (1) (b), Florida Statutes. I am aware tent to the Department of State constitutes a third degree f
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance vany 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