# L24000252665

(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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### **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)	_
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, comm	ion law or business trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, th	e name of the country)
09/19/2019 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Art	ticles of Organization:
Sakarah Handyman Renovation and Restoration LLC	
(Enter Name of Florida Limited Liability Company)	···········
4. If not effective on the date of filing, enter the effective date:	<u></u> .
(The effective date: Cannot be prior to date of receipt or filed date nor more than 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 dadocument'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 appra which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	isal rights the amount to
	;
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Signed this 8 day of May	20 = ) 4
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative:	1/all
Printed Name: Alwyn Sealey	Title: Owner
,	
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)
Signature: ////////////////////////////////////	
Signature: ////////////////////////////////////	Title: Owner
Printed Name. Amy occurs	
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	Title:
remitta Name	
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	Title:
Frinted Name	
Signature:	
Printed Name:	_ Title:
ICTS vide Companyion	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
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.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
<u> </u>	
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: The name of the Limited Liability Company is:		
Sakarah Handyman Renovation and Restoration L.	L.C	
(Must contain the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
2630 W Broward Blvd	2630 W Broward Blvd	
Suite 203-2034	Suite 203-2034	
Fort Lauderdale, FL 33312	Fort Lauderdale, FL 33312	
The name and the Florida street address of the  Alwyn Sealey  Nam  2630 W Broward Blvd Suite 2  Florida street address (P.C.)	ne 203-2034	
Fort Lauderdale	FL <sup>33312</sup>	
City	Zip	
Having been named as registered agent and liability company at the place designated to registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate. I hereby accity. I further agree to complete performance of my duties, and egistered agent as provided for the control of the control o	vept the appointment as ly with the provisions of all and I am familiar with and for in Chapter 695, F.S.
(CONTI	NUED)	!?
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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Alwyn Sealey MGR 2630 W Broward Blvd Suite 203-2034 Fort Lauderdale, FL 33312 (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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)

Alwyn Sealey