# L24000259381

(Requestor's Name)
-
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Door man Alumbar)
(Document Number)
Certified Copies Certificates of Status
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### FLORIDA FILING & SEARCH SERVICES, INC.

# P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/10/2024

NAME: PEURIST, LLC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

\* File Second \*

#### 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

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Art PEURIST, LLC	icles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, corr	nnon law or business trust, etc.)
First organized, formed or incorporated under the laws of	<u> </u>
(Enter state, or if a non-U.S. entity,	the name of the country)
08/29/2012 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached A PEURIST, LLC	rticles of Organization:
(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 that 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 document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicable statute	s.
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having appropriate which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.</li> </ol>	raisal rights the amount to
	202
	~
	- 

Signed this 10th day of June	20_24
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: /s/ ANDI Printed Name: ANDREW STERN	REW STERNTitle: MEMBER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: /s/ ANDREW STERN	
Printed Name: ANDREW STERN	Title: MEMBER
Simutura	
Signature: Printed Name:	Title:
Times italie.	
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title
Timed Name.	True.
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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:	
PEURIST, LLC (Must contain the words "Limited Liability	Community (2.2)
(Must contain the words "Limited Liability	Company, "L.L.C., or "LLC.)
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16850 COLLINS AVE #112-649	16850 COLLINS AVE #112-649
SUNNY ISLES BEACH, FL 33160	SUNNY ISLES BEACH, FL 33160
(The Limited Liability Company cannot serve as its own Registrations)  The name and the Florida street address of the re  ANDREW STERN	
Name	
16850 COLLINS AVE #112-64	9
Florida street address (P.O.	Box NOT acceptable)
SUNNY ISLES BEACH	FL 33160
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and existered agent as provided for in Chapter 605, F.S
/s/ ANDREW STERN	
Registered Agent's Sign	ature (REQUIRED)

(CONTINUED)

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	1					, –

ANDREW STERN

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
AMBR	ANDREW STERN			
7.0001	16850 COLLINS AVE #112-649			
	SUNNY ISLES BEACH, FL 33160			
<del></del>				
(Use attachment if necessary)				
* * * * * * * * * * * * * * * * * * *				
LE V: Other provisions, if any.				
REQUIRED SIGNATURE:				
/s/ ANDREW STERN				
-	<del></del>			
Signature of a member or	an authorized representative of a member			
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes, I am awar			
any false information submitted in a docu	iment to the Department of State constitutes a third degree			
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)