L24000277158

(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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COVER LETTER

TO:	New Filing Se Division of C				
SUB.	JECT: HAAZ LL	.C			
		(Name of Re	sulting Florida Li	mited Cor	npany)
					id fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to):	
ALEE	M KANJI				
		(Contact Person)			
FINA	ACIAL ACCOUN.	TING SERVICES			
		(Firm/Company)			
730 V	V COLONIAL DR				
		(Address)		_	
ORLA	NDO. FL 32804				
	((City, State and Zip Code)			
FINA	CCTSVC@GMAI	L.COM			
E-1	mail Address: (to b	e used for future annual re	port notifications	}	
For fi	arther informati	on concerning this ma	tter, please cal	1:	
ALEE	M KANJI		at (⁴⁰⁷)423-	2371
	(Name of Conta	ict Person)	(Area Co	de) (Dag	rtime Telephone Number)
		for the following amou a bank located in the		s proces	sed by this office must be payable in US
(\$25 fo	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	国\$180,00 Fili and Certified C	-	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

the state of the s

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:

HAAZ INC

(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (Enter entity type, Example: corporation, fimited partnership, general partnership, common law or business trust, etc.)
(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)
09/05/1989 On
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
HAAZ 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.)
<u>Note:</u> 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 day of JUNE	20 Z Y
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: AZINA KANJI	Title: MEMBER
Signature(s) on behalf of Other Business Entity:	
Signature: AZINA KANA	_ Title: VP
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty 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	y Company is:			
HAAZ LLC				
(Must contain the work	fs "Limited Liability Compan	y, "L.L.C.," or "LLC	.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal	office of the Lir	nited Liability Company is:	
Principal Office Address:	<u>Mail</u>	Mailing Address:		
730 W COLONIAL DR	730 V	730 W COLONIAL DR		
ORLANDO, FL 32804	ORLA	NDO, FL 32804		
				
The name and the Florida street a AZINA KANJI	iddress of the registere Name	d agent are:	_	
730 W COLON				
	et address (P.O. Box N	OT acceptable)	_	
ORLANDO	FI.	32804		
	City	Zip	_	
Having been named as register liability company at the plac registered agent and agrec to ac statutes relating to the proper accept the obligations of my	e designated in this cere or in this capacity. I fu and complete perform position as registered	tificate, I hereby other agree to co ance of my dutie agent as provide	eaccept the appointment as amply with the provisions of all s, and I am familiar with and	
Registere	d Agent's Signature (I	REQUIRED)		

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	AZINA KANJI
	730 W COLONIAL DR
	ORLANDO, FL 32804
MGR	HAFIZ KANJI
	730 W COLONIAL DR
	ORLANDO, FL 32804
MGR	ALEEM KANJI
	730 W COLONIAL DR
	ORLANDO, FL 32804
(Use attachment if necessary)	
CTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
1.	K · ·
- Comment	Kang:
	•
	an authorized representative of a member
	e with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony

AZINA KANJI

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)