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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### **COVER LETTER**

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SUBJ	ECT: CYAN S	TAR LLC			
			sulting Florida Lin	nited Cor	mpany)
The e Busin	nclosed Article ess Entity" into	es of Conversion: Artic o a "Florida Limited L	les of Organiza iability Compai	tion, ar 1y" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	e return all com	espondence concernin	g this matter to	:	
Anthor	ny Morales				
		(Contact Person)		_	
MyUS.	ACorporation.co	m			
		(Firm/Company)		_	
1 Radi	isson Plaza, Sui	te 800			
	<del></del>	(Address)			
New F	Rochelle, NY 108	301			
	(	City. State and Zip Code)	<del></del>		
info@r	nyusacorporatio	n.com			
E-n	nail Address: (to b	ne used for future annual re	port notifications)	_	
For fu	rther informati	on concerning this ma	tter, please call	:	
Anthor	ny Morales		at (	330	0-2677
	(Name of Cont	ict Person)	(Area Cod	e) (Day	ytime Telephone Number)
Enclo dollar	sed is a check t s and drawn on	for the following amou a bank located in the	int: (All checks United States)	proces.	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles inization)	☐\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filin and Certified Co		☐\$185,00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S				<u>t Address:</u> Filing Section
	Division of C				ion of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 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: CYAN STAR LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(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)
09/21/2022 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: CYAN STAR 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

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 day of	20 <b>_23</b>
Signature of Authorized Representative	of Limited Liability Company:
Signature of Authorized Representative:	Nalters Alex Title: Member
Signature(s) on behalf of Other Business E	Intity: [See below for required signature(s)]
Signature: 116 Hers Alex	
Printed Name: Alex Walters Lobo	Title: Member
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Direct	ctor or Officer
If Directors or Officers have not been selected	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00 \$125.00

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

Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:

Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CYAN STAR LLC		
	fust contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - A	ddress:	
		e principal office of the Limited Liability Company is:
Principal Office		
i Tincipai Office	Address.	Mailing Address:
7901 4th St N, Ste		9481 Highland Oak Dr. Unit 1502
St. Petersburg, FL:	33702	Tampa, FL 33647
(The Limited Liability ( business entity with an	Company cannot serve as its own R active Florida registration.)  Florida street address of the serve as its own R active Florida registration.	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another the registered agent are:
	Registered Agents Inc	ame
	IN	aine
	7901 4th St N, Ste 300	
		O D NOT
	Florida street address (I	P.O. Box <u>NO1</u> acceptable)
	Florida street address (I St. Petersburg	33703
	·	· · · · · · · · · · · · · · · · · · ·

Registered Agent's Signature (REQUIRED)

(CONTINUED)

A	RT	11	T	F	$IV_{-}$

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

Title:	
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Alay Waltern Laha
AWDA	Alex Walters Lobo
	9481 Highland Oak Dr, Unit 1502 Tampa, FL 33647
	rampa, FL 33647
AMBR	Hercy Chirino Bracho
	9481 Highland Oak Dr, Unit 1502
	Tampa, FL 33647
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	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 fellows.
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 ment to the Department of State constitutes a third degree fellow Walters Lobo
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 to the Department of State constitutes a third degree fel