# 24000286411

(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



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08/19/24--01008--008 \*\*150.00

#### **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	s of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a 11 C (Enter entity type. Example: corporation, limited partnership, general partnership, common	law or business trust, etc.)
First organized, formed or incorporated under the laws of Arizona (Enter state, or if a non-U.S. entity, the n	ame of the country)
on /0/19/2023 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articl	les of Organization:
STR Ignite 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 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 of 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.	
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having appraisal which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	I rights the amount to
	ü١

Signed this 13 day of June	20_ <b>2</b> Y
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: //www.ss.schiller.	Title: own (
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Jean feel te Printed Name: Themas Sidles Jr	Title:ber
Signature:Printed Name:	<u> </u>
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	£25.00
Fees for Florida Articles of Organization:	\$25.00 \$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:	
STA Ignite LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited I.	iability Company is:
Principal Office Address: Mailing Address:	
6586 W. Atlantic Aug 6586 W. Atlant # 1042 Deliay Breck, 1-6 33441 Deliay Brack, Fe	33476
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Thomas Sedita Jr	
Name	
6586 W. Atlatic Aur # 1042 Florida street address (P.O. Box NOT acceptable)	
· — · · · · · · · · · · · · · · · · · ·	
Delray Brech FL 33446 City Zip	
City Zip	
Having been named as registered agent and to accept service of process for liability company at the place designated in this certificate. I hereby accept registered agent and agree to act in this capacity. I further agree to comply vestatutes relating to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for it	ot the appointment as with the provisions of all I am familiar with and
I home Welt !	<u> </u>
Registered Agent's Signature (XEQUIRED)	¥.
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(CONTINUED)	$\sim$

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

Name and Address:
6586 WAHENTIN AU
# 10 42 Delray Buck, FC 33 4%
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•
,
$A_{I,I}$
<i>V</i>
an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the to the Department of State constitutes a third degree fel
sed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)