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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Aviv Asoulin Pl	LLC		
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COVER LETTER

TO: New Filing S					
Division of C		1 11 0	٠, , ,		
SUBJECT:		Isoulin, P		_	
	(Name of Ke	sulting Florida Limited Co	empany)	•	
			nd fees are submitted to accordance with s. 605.1		r
Please return all corr	espondence concernin	g this matter to:			
Aviv	Asoulin (Contact Person)				
•	(Contact Person)				
	(Firm/Company)				
<u>777</u> s	(Address)	e Suite 510	Ó	2024 7 12	
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Mizmi, Fl	33/35 City, State and Zip Code)			- -	
E-mail Address: (to b	e used for future annual re	port notifications)			
	on concerning this ma	='		- 	
Aviv As	oul,'n	_at (954) 3	05-9379	<u></u>	
(Name of Conta	ct Person)	(Area Code) (Da	ytime Telephone Number)		
	or the following amou a bank located in the	•	ssed by this office must b	pe payable in US	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Add			et Address: Filing Section		
Division of C			sion of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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" inmediately prior to the filing of the Articles of Conversion is:

Aviv Asoulin P.A.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or it a non-old, the many of the equity)
on 2/28/2024 S
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Aviv Asoulin, PLLC (Enter Name of Florida Limited Liability Company)
(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 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 29 day of May	
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Ariv Asoulin	Title: Mcmber
Signature(s) on behalf of Other Business Entity:	
Signature:	Title: Shareholder + Director
Printed Name: Aviv Asoul's	Title: Shareholder + Director
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	· · · · · · · · · · · · · · · · · · ·
Signature: Printed Name:	
Signature:	
Signature:Printed Name:	Title: မ်
Signature:	A A
Signature: Printed Name:	Title: S S S F
If Florida Corporation:	111
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	
if Directors of Officers have not occur selected, an in	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili 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 Company is:

Aviv Asoulin, 8	PLLC
(Must contain the words "Limited Liability 6	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
777 SW 37th Ave Suite 510 Micani, FL 33/35 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	2777 SW 37th Ave Swite 510 Minsei, FL 33/35 Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg EPGD Busine Name	
777 SW 37th Florida street address (P.O. E	
Mi'ami' City	FL 33/35 Zip

Having been named as registered agent and to accept service of process for the above stated limited

liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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	Aviv Asoulin 777 SW 37th Are Suite 510 Miami, FL 33135
(Use attachment if necessary)	M 9: 43
LEV: Other provisions, if any. The Company's parpos	e is to provide professional
REQUIRED SIGNATURE:	5
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 that ment to the Department of State constitutes a third degree felony
Aviv A	Souli'A ned or printed name of signee
Typ	ped 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)