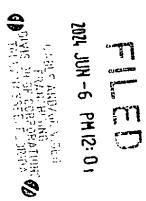
(Requestor's Name)
(
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W24000032634

Office Use Only



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01/20.24--01025--022 **150.00 5. CHATHARM





February 27, 2024

ELLIOT NESKI 200 CONNECTICUT AVE NORWALK, CT 06854 US

SUBJECT: 4008 MAIN STREET, LLC

Ref. Number: W24000032634

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

If you have any further questions concerning your document, please call (850) 245-6052.

Letter Number: 724A00004281

KAIN COSTELLO Regulatory Specialist II New Filing Section

www.sunbiz.org

COVER LETTER

Division of C	Corporations			
SUBJECT: 4008 Ma	ain Street, LLC			
	(Name of Re	sulting Florida Limi	ed Con	npany)
		_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all com	espondence concernin	g this matter to:		
Elliot Neski				
	(Contact Person)		•	
Goldman, Gruder & W	oods, LLC			
	(Firm/Company)			
200 Connecticut Aven	ue			
<u> </u>	(Address)		•	
Norwalk, CT 06854				
(City, State and Zip Code)			
eneski@goldgru.com				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Elliot Neski		at (²⁰³	286-0	time Telephone Number)
(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
	for the following amou a bank located in the		rocess	ed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailina Add	racc.		Street	Address.

TO: New Filing Section

Mailing Address:
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 th	ic "Other Business Entity" LC	immediately prior to	the filing of the Artic	les of Conversion is:
		of Other Business Entity)		
2. The "Other Bu (Enter	siness Entity" is a entity type. Example: corpora	Liability Company tion, limited partnership, go	eneral partnership, comm	on law or business trust, etc
First organized, fo	ormed or incorporated und	er the laws of(Enter state,	or if a non-U.S. entity, the	e name of the country)
on 3/17/1999 (date of organizat	ion, formation or incorporation	.)		
 The name of th 4008 Main Street, L 	e Florida Limited Liability LC	y Company as set forth	n in the attached Art	icles of Organization
	(Enter Name of Florida	Limited Liability Compan	y)	_•
(The effective dat the date this docu Note: If the date inse	on the date of filing, enter e: Cannot be prior to da ment is filed by the Flor ted in this block does not meet date on the Department of State	te of receipt or filed c rida Department of S the applicable statutory fil	date nor more than 9 tate.)	•
5. The plan of con	version has been approved	d in accordance with al	Il applicable statutes.	
	or Other Business Entity" habers are entitled under ss.	• • •		sal rights the amount to
				Sixie (6)

	Signed this 12th day of	March	20	2024
	Signature of Authorized Represen	tative of Limite	d Lia	bility Company:
	Signature of Authorized Representat Printed Name: Judd Malin	ive: Jad	Title:	Member and Authorized Person
	Signature(s) on behalf of Other Bus	iness Entity: [S	ee bel	ow for required signature(s)]
X	Signature: June Malin Printed Name: June Malin		Title:	Member and Authorized Person
	Signature:Printed Name:		_Title:	
	Signature:Printed Name:		_Title:	
	Signature:		Tieles	
	Printed Name:		_ little:	
	Signature: Printed Name:		Title:	
	Signature:Printed Name:		Title:	
	If Florida Corporation:		-	
	Signature of Chairman, Vice Chairma If Directors or Officers have not been	in, Director, or C selected, an Inc	fficer. orporat	tor must sign.
	If Florida General Partnership or I Signature of one General Partner.			
	If Florida Limited Partnership or L Signatures of ALL General Partners.	imited Liability	y Li <u>mi</u>	ted Partnership:
	All others: Signature of an authorized person.			
	Fees:			
	Articles of Conversion:		\$25.0	0

\$125.00

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

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: CABLE AND/OF Y ALL

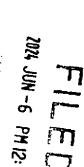
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4008 Main Street, LLC				
(Must contain	n the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:				
The mailing address and str	reet address of the princ	ipal office of the Limited Liability Company is		
Principal Office Address:		Mailing Address:		
1133 102 Street, Unit 601		24 Old Kings Hwy South, # 203		
n		Darien, CT 06820		
ARTICLE III - Registered The Limited Liability Company	cannot serve as its own Regi	ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or anothe		
ARTICLE III - Registered The Limited Liability Company business entity with an active Flo	cannot serve as its own Regiorida registration.) treet address of the regi	ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or anothe		
ARTICLE III - Registered The Limited Liability Company business entity with an active Flo	cannot serve as its own Regionida registration.)	ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or anothe		
ARTICLE III - Registered The Limited Liability Company business entity with an active Flo	cannot serve as its own Regiorida registration.) treet address of the regi	ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or anothe		
ARTICLE III - Registered The Limited Liability Company business entity with an active Flo	cannot serve as its own Regiorida registration.) treet address of the regi	ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or anothe stered agent are:		
ARTICLE III - Registered The Limited Liability Company business entity with an active Flo	cannot serve as its own Regiorida registration.) treet address of the regi Judd Malin N 1133 102 Street, Unit 66	ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or anothe stered agent are:		
ARTICLE III - Registered The Limited Liability Company business entity with an active Flo The name and the Florida si	cannot serve as its own Regiorida registration.) treet address of the regi Judd Malin N 1133 102 Street, Unit 66	ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or anothe stered agent are: ame		

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)



Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager AMBR	Judd Malin		
	24 Old Kings Hwy South		
	#203		
	Darien, CT 06820		
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		S _{DI}	202
	*	194177 1955 1943 1943	7024, JUN
		140 A A A A A A A A A A A A A A A A A A A	N-6
			2
			5: 3
		<u> </u>	=
(Use attachment if necessary)		_	
CLE V: Effective date, if other than the	he date of filing: (OPTIO	ONAL)	
effective date is listed, the date must ifter the date of filing.)	be specific and cannot be more than five business day	's prior to o	r 90 cale
CLE VI: Other provisions, if any.			
			
(/			

(In accordance with section 605,0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Judd Malin, Member

Typed or printed name of signee