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PICK-UP	WAIT MAIL
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	(Business Entity Name)
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Certified Copies	Certificates of Status
	
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Special Instructions to	Filing Officer;
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
For any issues please contact
Cheyanne Davis

Date:	07/18/2024	Cheyanne Davis (850) 202-1882
	Cheyanne Davis	<u> </u>
Reference	2441567	
Entity Nar	me: APPLICATIO	NS BY DESIGN, LLC
☐ Art☐ Am☐ Ch.☐ Rei	icles of Incorporation/Authorizationendment ange of Agent instatement nversion	2021
☐ Dis	rger solution/Withdrawal titious Name ner PLEASE FILE FORMATION UPO	ON COMPLETIO (SEE OTHER COVER SHEETS
Authorized Signature:	d Amount: \$25.00	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 For any issues please contact Chevanne Davis

Date:07/1	18/2024	(850) 202-1882
Name: C	heyanne Davis	
Reference #:	2441567	
Entity Name:	APPLICATIONS BY	DESIGN, LLC
✓ Articles of	Incorporation/Authorization to Trans	sact Business _ 72
Amendmer		sact Business _ 224 (JL)
Change of	Agent	
Reinstatem	nent	
Conversion	١	
☐ Merger		
Dissolution	Withdrawal	
Fictitious N	ame	
Other		
Authorized Amour	nt: \$125.00	
Signature:	Conjunctairs_	

COVER LETTER

TO: New Filing S Division of C					
SUBJECT: Applicati	ions by Design, LLC				
30bst.c1.	(Name of Re	sulting Florida Li	mited Co	mpany)	
				nd fees are submitted to accordance with s. 605	
Please return all corr	espondence concernin	g this matter to) ;		
Ellen Gilmore, Esq.					
	(Contact Person)				
Greenspoon Marder L	LP				
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)				25
200 E. Broward Boule	vard, Suite 1800				124
	(Address)				三
Fort Lauderdale, FL 33	3301				2024 JUL 19 R. 9: 47
(4	City, State and Zip Code)				ं.
rinat@abdi.net					11.0
E-mail Address: (to b	be used for future annual re	port notifications	}		25
For further informati	on concerning this ma	iter, please cal	l:		·
Ellen Gilmore		at (⁹⁵⁴	,343-	6963	
(Name of Conta	ict Person)	(Area Co	de) (Daj	6963 ytime Telephone Number)	
	or the following amou a bank located in the	nt: (All check:	s proces	sed by this office must	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐S155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
Mailing Add	ress:		Stree	t Address:	
New Filing So	ection		New	Filing Section	
Division of C			Divis	ion of Corporations	
P.O. Box 632	/		The C	Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a corporation	
(Enter entity type. Example corporation, limited partnership, general partnership	nership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	2024
(Enter state, or if a non-	U.S. entity, the name of the country)
10/13/1997	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the a	
Applications by Design, LLC	
(Enter Name of Florida Limited Liability Company)	·
4. If not effective on the date of filing, enter the effective date:	

5. The plan of conversion has been approved in accordance with all applicable statutes.

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

Certified Copy:

Certificate of Status:

2024 JUL 19 AH 9: 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Applications By Design, LL (Must contain		bility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address The mailing address and		e principal office of the Limited	Liability Company is	:
Principal Office Addres	ss:	Mailing Address:		
22037 State Road 7		22037 State Road 7		
Boca Raton, Florida 33428		Boca Raton, Florida 33428		
business entity with an active Fl The name and the Florida	orida registration.) a street address of th	egistered Agent. You must designate an ind	15 III	
Roy N		ame	9.	
		ame	M 9:47	
22037	No. 7 State Road 7	P.O. Box <u>NOT</u> acceptable)	19:47	
22037 Flor	No. 7 State Road 7		19:47	
22037 Flor	Na 7 State Road 7 rida street address (I	P.O. Box NOT acceptable)	19:47	

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	Roy Nakdimon	
	22037 State Road 7	
	Boca Raton, FL 33428	
MGR	Rinat Nakdimon	
	22037 State Road 7	
	Boca Raton, FL 33428	
		724
		2024, JUL
		<u> </u>
(Use attachment if necessary)		14. 14.
		;
CLE V: Other provisions, if any.		·
paramata any		
		
REQUIRED SIGNATURE:		
Ky Nahlin		

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 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.

Roy Nakdimon

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)