# L24000340250

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2001.000 2.1)
(Document Number)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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#### **COVER LETTER**

TO: New Filing Section Division of Corpo						
SUBJECT: ARIS TRADE	, LLC					
SOURCE.	(Name of Resul	lting Florida Lim	ited Com	npany)	_	
The enclosed Articles of Business Entity" into a "F						
Please return all correspon	ndence concerning	this matter to:				
AKYL SALI						
(C	ontact Person)		_			
TAX INTEL CORP						L+3
(Fi	irm/Company)	,	_			1.2
4935 ARCANUM PL					-	( <u>-</u> :
	(Address)	<u> </u>	<del>-</del>		:	30
CUMMING, GA 30040					•	<u></u>
(City, S	State and Zip Code)	1 H 2 E1	_		•	 - ယ္      .
akyl@taxintelcorp.com					•	<del></del>
E-mail Address: (to be used	d for future annual repo	ort notifications)	<del></del>			C1
For further information co	oncerning this matte	er, please call:				
AKYL SALI		at ( <sup>972</sup>	8046	157	_	
(Name of Contact Per	rson)	(Area Code	e) (Day	time Telephone Number)		
Enclosed is a check for th dollars and drawn on a ba			process	ed by this office must	be payab	le in US
	Certificate of	□\$180.00 Filin and Certified Co		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status		
Mailing Address: New Filing Section Division of Corpot P.O. Box 6327 Tallahassee, FL 32	n rations		New F Divisi The C	Address: Filing Section on of Corporations fentre of Tallahassee N. Monroe Street, Suite	e 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.

ARIS TRADE, 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.
(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)
11/08/2021
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:
ARIS TRADE, 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
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.

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 22 day of July	20	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Bugna Printed Name: Bugna Aricioglu	a Aricioglu Title: Sole Member	-
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Ruges Accioglu  Printed Name: Bugra Aricioglu	Titl Solo Mombor	-
Printed Name: Bugis Andogiu		-
Signature:		_
Signature:Printed Name:	Title:	- -
Signature:Printed Name:	Title:	
Signature:Printed Name:		
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Signature:Printed Name:	Title:	- -
Times rane.		,
If Florida Corporation:	0.49	
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc		
II Directors or Officers have not been selected, an inc	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.		
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARIS TRADE, LL			
(	Must contain the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II	Address:		
-		of the principal office of the Limited I	Liability Compa
Principal Offic	e Address:	Mailing Address:	
1600 E 8th Avent	ue A200 Suite 36	1600 E 8th Avenue A200 Suit	te 36
Tampa, FL 33605			
ARTICLE III - The Limited Liability	Registered Agent, Ro	Tampa, FL 33605  egistered Office, & Registered Agent own Registered Agent. You must designate an ind	t's Signature:
ARTICLE III - The Limited Liability business entity with	Registered Agent, Roy Company cannot serve as its an active Florida registration.) ne Florida street addres	egistered Office, & Registered Agentown Registered Agent. You must designate an ind	ividual or another
ARTICLE III - The Limited Liability business entity with	Registered Agent, Roy Company cannot serve as its an active Florida registration.)	egistered Office, & Registered Agent own Registered Agent. You must designate an ind s of the registered agent are:	ividual or another
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ARTICLE III - The Limited Liability business entity with	Registered Agent, Roy Company cannot serve as its an active Florida registration.) The Florida street address Bugra Aricioglu	egistered Office, & Registered Agent own Registered Agent. You must designate an ind s of the registered agent are:	ividual or another
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Roy Company cannot serve as its an active Florida registration.) The Florida street address Bugra Aricioglu	egistered Office, & Registered Agentown Registered Agent. You must designate an indestruction of the registered agent are:  Name A200 Suite 36	ividual or another

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..

Bugra Oricioglu
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:

"MGR" = Manager  AMBR  Bugra Aricioglu  1600 E 8th Avenue A200 Suite 36  Tampa, FL 33605   (Use attachment if necessary)  LE V: Other provisions, if any.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
AMBR  Bugra Aricioglu  1600 E 8th Avenue A200 Suite 36  Tampa, FL 33605  (Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Bugra Oricioglu  Signature of a member or an authorized representative of a member any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.817.155. F.S.  Bugra Aricioglu  Typed or printed name of signee		
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Bugra Oricinglu  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 awa any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.817.155. F.S.  Bugra Aricioglu  Typed or printed name of signee		Bugra Aricioglu
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

## STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

#### ARIS TRADE, LLC

### is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 8, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001050467**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of July, 2024 at 9:42 AM. This certificate is assigned ID Number 074562525.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.