L24000373527

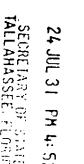
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Hame)
(Decomposit No. ortica)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
.==

Office Use Only

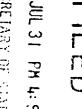


600435227826

Ď karás 07/31/24--01010--023 **155.0









COVER LETTER

TO:	New Filing S Division of C							
SUBJ	ECT: WE SEL	L ALL LLC						
3023			sulting Florida L	imited Co	mpany)			
The e Busin	nclosed Article ess Entity" into	s of Conversion, Artic o a "Florida Limited L	les of Organiz ability Comp	zation, ar any" in a	nd fees are submitted to accordance with s. 605.	convert a 1045, F.S.	n "Oth	er
Pleaso	return all corr	espondence concernin	g this matter t	o:				
Eyal S	Sharon, Esq.							
		(Contact Person)	<u> </u>					
SHAR	ON LAW, PLLC							•
		(Firm/Company)		 -		SIAI	Ņ	
3823	SW 49th PL.					L CS	ت م	_
		(Address)				H H	٦	_
Fort L	auderdale, FL 33	·				ARY C ISSEE	4 JUL 31 F	ī
	(6	City, State and Zip Code)				OF STAFE EE, FLORIO.	PH 4: 52	Ţ
Eyal@	sharonlawplic.c	om				92	f.	
E-n	nail Address: (to b	e used for future annual re	port notification	s)		Ę.	2	
For fu	rther informati	on concerning this ma	tter, please ca	11:				
Eyal S	Sharon, Esq.		_at (_ ⁹⁵⁴	չ 599-	2331			
	(Name of Conta	act Person)	(Area Co	ode) (Day	ytime Telephone Number)			
		for the following amount a bank located in the	-	-	sed by this office must	be payabl	e in US	S
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Fill and Certified		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C 2415	et Address: Filing Section Filing Se	te 810		

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" immediately prior to the filing of the Articles of Conversion is: WE SELL ALL LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
JULY 7, 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 Grganization: WE SELL ALL 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

- 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 26 day of July	_20 <u>_24</u>		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: Printed Name: ZAKEN, AVIAD	Title: AUTHORIZED MEMBER	-	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)		
Signature:	Title: AUTHORIZED MEMBER	-	
Signature: Printed Name:	Title:	- -	
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		•
Signature:Printed Name:			FIL
Signature:Printed Name:	Title:	RY OF	ED
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		4: 52	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			

\$25.00

\$125.00 \$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

WE SELL ALL LLC			
(Must co	intain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addre	ess:		
The mailing address ar	nd street address of th	e principal office of the Limited Liabilit	ty Company is:
Principal Office Add	ress:	Mailing Address:	
5382 SW 38TH WAY		5382 SW 38TH WAY	
FORT LAUDERDALE, F	L 33312	FORT LAUDERDALE, FL 33312	<u></u>
(The Limited Liability Compa	my cannot serve as its own F	ered Office, & Registered Agent's Security Registered Agent. You must designate an individual	Mature:
(The Limited Liability Compa- business entity with an active The name and the Flor	iny cannot serve as its own F e Florida registration.) rida street address of t	ered Office, & Registered Agent's Signate an individual Registered Agent. You must designate an individual Registered Agent are:	Matural 31 Pr
(The Limited Liability Compa- business entity with an active The name and the Flor	iny cannot serve as its own F e Florida registration.) rida street address of t IARON LAW, PLLC	ered Office, & Registered Agent's Signate an individual Registered Agent. You must designate an individual Registered Agent are:	Matural 31 Pr
(The Limited Liability Compa- business entity with an active The name and the Flor	iny cannot serve as its own F e Florida registration.) rida street address of t IARON LAW, PLLC	ered Office, & Registered Agent's Signate an individual Registered Agent. You must designate an individual Registered Agent are:	Matural 31 Pr
(The Limited Liability Compa business entity with an active The name and the Flor	iny cannot serve as its own F e Florida registration.) rida street address of t IARON LAW, PLLC	ered Office, & Registered Agent's Signate an individual Registered Agent. You must designate an individual Registered Agent are:	Mature:
(The Limited Liability Compa business entity with an active The name and the Flor Sh	iny cannot serve as its own F is Florida registration.) rida street address of t HARON LAW, PLLC N 23 SW 49th PL.	ered Office, & Registered Agent's Signate an individual Registered Agent. You must designate an individual Registered Agent are:	Matural 31 Pr
(The Limited Liability Compa business entity with an active The name and the Flor Sh 38	iny cannot serve as its own F is Florida registration.) rida street address of t HARON LAW, PLLC N 23 SW 49th PL.	Registered Agent's Signate an individual Registered Agent's Signate an individual Registered Agent. You must designate an individual Registered Agent are:	Matural 31 Pr

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)

FILED

ARTICLE IV-

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

	Zakan Aviad
AMIDA	Zaken, Aviad
	5382 SW 38th Way
	Fort Lauderdale, FL 33312
	ÄLI
Title: "AMBR" = Authorized Member "MGR" = Manager AMBR (Use attachment if necessary) CLE V: Other provisions, if any. and all Lawful Business	
	S
	<u> </u>
(Use attachment if necessary)	:"C
	<u> </u>
	<u>9</u> ,5
LE Va Oshan anadalana 16 ana	

REQUIRED SIGNATURE:



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.

ZAKEN, AVIAD

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)