# L24000388931

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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July 12, 2024

ALISA TAYANTS 17475 COLLINS AVE UNIT 1703 SUNNY ISL BCH, FL 33160-4684 US

SUBJECT: DIFLAT LLC

Ref. Number: W24000101459

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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 324A00015101

### **COVER LETTER**

Division of C	orporations			
SUBJECT: DIFLAT	LC			
	(Name of Resi	alting Florida Limite	d Com	рапу)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corro	espondence concerning	g this matter to:		
ALISA ATAYANTS				
	(Contact Person)			
	(Firm/Company)			
17475 COLLINS AV	VE UNIT 1703			
	(Address)			
SUNNY ISL BCH	FL 33160-4684			
((	City, State and Zip Code)			
atriboot@gmail.com				
E-mail Address: (to b	e used for future annual rep	oort notifications)		
For further information	on concerning this mat	ter, please call:		
atriboot@gmail.com		786 .	612-0	0549
(Name of Conta	ct Person)	(Area Code)	(Dayı	time Telephone Number)
	or the following amou a bank located in the l	•	ocess	ed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:	<u>;</u>	<u>Street</u>	Address:

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

TO: New Filing Section

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 <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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: DIFLAT 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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
01/30/2015 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:  DIFLAT LEC
(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.

igned this 02 day of	JUNE	_ 2024	
Signature of Authorized Re	epresentative of Limi	ited Liability Company:	
Signature of Authorized Re	presentative:	// A Title: MANAGER	
Printed Name: ALISA ATAYAI	NIS /	77 Alle. Manager	_
Signature(s) on behalf of ()	ther Business Entity:	[See below for required signature(s)]	
Signature:			_
Printed Name: OLEG ATAYA	NP9	Title: MANAGER	
<del>-</del>			
Printed Name:		Tide:	_
Signature:			
Printed Name:		Title:	_
Signature:			
Printed Name:		Tide:	_
Signature:			
		Title:	
Signature:			
Printed Name:		Title:	_
If Florida Corporation:			
Signature of Chairman, Vice	Chairman, Director, o	or Officer.	
If Directors or Officers have	not been selected, an i	incorporator must sign.	
If Florida General Partners Signature of one General Par	ship or Limited Liabi tner.	lity Partnership:	
If Florida Limited Partners Signatures of <u>ALL</u> General P	hip or Limited Liabil artners.	lity Limited Partnership:	
All others: Signature of an authorized pe	rson.		
Fees:			
Articles of Conversion Fees for Florida Articles Copy: Certified Copy: Certificate of Status:	cles of Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

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

215.45.10	
DIFLAT LLC	
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company
The maining address and succe address of	the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
Principal Office Address:  17475 COLLINS AVE UNIT 1703	Mailing Address:  17475 COLLINS AVE UNIT 1703

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ALISA ATAYANTS	
Name	
17475 COLLINS AVE UNIT 170	3
Florida street address (P.O. E	Box NOT acceptable)
SUNNY ISL BCH	FL <sup>33160-4684</sup>
City	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 Agon's Signature (REQUIRED)

ARTICLE IV-

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

'AMBR" = Authorized Member	
"MGR" = Manager	
MGR - Manager MGR	ALISA ATAYANTS
	17475 COLLINS AVE UNIT 1703
	SUNNY ISL BCH FL 33160-4684
	33/101-10E BC// 1 E 33/100-1004
	<u> </u>
	-··-
Use attachment if necessary)	
•	
•	
(Use attachment if necessary)  LE V: Other provisions, if any.  REQUIRED SIGNATURE:	A
LE V: Other provisions, if any.	A A A A A A A A A A A A A A A A A A A
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree for
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document.	with section 605.0203 (1) (b), Florida Statutes, I am aware
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  ALISA ATAYANTS	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree feature of the printed name of signee