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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

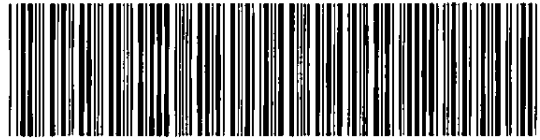
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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J. CRATHAM

SEP 12 2024

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2024 AUG 12 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FL

AFFIDAVIT of Name Release

State of Florida

County of Broward

Attention Ms. Tabitha J Howell, Regulatory Specialist II

Re. Letter Number 624A00014326

I, Naomi O. Szekeres, of legal age and presently residing at 406 SW 191st Terrace, Pembroke Pines, FL 33029, do say:

That I am the sole Owner/Managing Member of Pensarus, LLC.

That I wished to move my business to the State of Florida.

That I filed a voluntary dissolution with the State of Florida, after a phone call to the Florida Department of State Division of Corporations, during which a Florida representative instructed me to simultaneously submit a Voluntary Dissolution and an Articles of Conversion, Articles of Organization in the State of Florida.

That I received a letter citing that the name designated in my document is unavailable and must submit an "affidavit or letter that they have no intention of reinstating, therefore, releasing the name for use to another entity" and that this letter be received within 60 days of July 1st, 2024.

That I am thus affirming that I have no intention of reinstating Pensarus, LLC as a foreign entity, and that I ask that the name be released for a new registration.

IN WITNESS WHEREOF, I affix my signature this 6 day of August, 2024.

Printed name: NAOMI O. SZEKERES

Signature: *Naomi O. Szekeres*

Notary:

State of Florida

County of Broward

The foregoing instrument was acknowledged before me this 6th day of AUGUST, 2024.

By Naomi O. Szekeres

Personally known OR produced identification ✓

Type of identification produced FL DL

RA
NOTARY NAME HERE, Notary Public

My Commission Expires 4/20/2026



RACHEL MONTADA
Notary Public
State of Florida
Comm# HH255476
Expires 4/20/2026



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2024

NAOMI O. SZEKERES
406 SW 191TH TER
PEMBROKE PINES, FL 33029 US

SUBJECT: PENSARUS LLC
Ref. Number: W24000097649

We have received your document for PENSARUS LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tabitha J Howell
Regulatory Specialist II

Letter Number: 624A00014326

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PENSARUS, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

NAOMI O. SZEKERES
(Contact Person)

(Firm/Company)

406 SW 191st TER
(Address)

Pembroke Pines, FL 33029
(City, State and Zip Code)

nszekeeres@pensarus.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

NAOMI O. SZEKERES at (202) 321-2613
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☒ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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:

PENSARUS, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Washington, DC
(Enter state, or if a non-U.S. entity, the name of the country)

on July 25th, 2008
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

PENSARUS, 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.

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 May 20 24.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Naomi O. Szekeres
Printed Name: NAOMI O. SZEKERES Title: MEMBER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Naomi O. Szekeres
Printed Name: NAOMI O. SZEKERES Title: MEMBER

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

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)

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PENSARUS, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

406 SW 191st Trk
PEMBROKE PINES FL
33029

Mailing Address:

406 SW 191st Trk
PEMBROKE PINES FL
33029

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

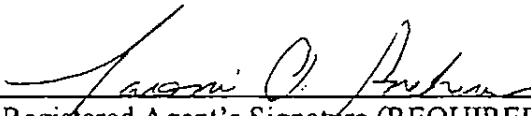
The name and the Florida street address of the registered agent are:

NAOMI O. SZEKES
Name

406 SW 191st Trk
Florida street address (P.O. Box **NOT** acceptable)

PEMBROKE PINES FL 33029
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 Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR + MGR

Name and Address:

NAOMI O. SZEKERES

406 SW 151st Trk

DEMPOCKI PINES, FL

33029

(Use attachment if necessary)

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TALLAHASSEE, FL

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ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

Naomi O. Szekeres

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.

NAOMI O. SZEKERES

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)