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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Office Use Only



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08/27/24--01013--028 **180.00





September 3, 2024

CLAUDIA PATRICIA ANGEL 8175 NW 74TH AVE MEDLEY, FL 33166 US

SUBJECT: ZOLUT LLC

Ref. Number: W24000123931

We have received your document for and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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

Letter Number: 824A00019677

KAIN COSTELLO Regulatory Specialist II New Filing Section

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporations
$\sim (+) \cdot \cdot \cdot$
SUBJECT: (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Claudia Tamas Anpel (Contact Person)
(Firm/Company) 8175 NW 74th Ave
(Address) Address) (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call: [audio Paras Anpa] at (786) 8042910
(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) \$150.00 Filing Fees and Certificate of Status \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on Olos 2016 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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.

		¬ <i>i</i> .
Signed this <u>0</u>	8 day of September	_20 <u>_24</u>
	uthorized Representative of Limit	
Signature of Au Printed Name: (thorized Representative:	Title: Ow doe
		See below for required signature(s)]
Signature: Printed Name:	Loudis Patricia Appel	Title: Du nes
Signature: Printed Name:		Title:
Signature: Printed Name:		_ Title:
Signature: Printed Name:		_ Title:
Signature: Printed Name:		Title:
Signature: Printed Name:		Title:
	oration: tirman, Vice Chairman, Director, or Officers have not been selected, an Inc	
If Florida Gene Signature of one	ral Partnership or Limited Liabilit General Partner.	y Partnership:
	t <mark>ed Partnership or Limited Liabilit</mark> LL General Partners.	y Limited Partnership:
All others: Signature of an a	authorized person.	
Fees:		
Fees for Certified	of Conversion: Florida Articles of Organization: I Copy: tte of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 8175 NW 74th Ave Medley 77 33166 Medley 77 33166
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: Name Name SITE NW 74 Florida street address (P.O. Box NOT acceptable) Magazine FL 33166 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)

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	Obudio Patricio Ano
MGR	8175 NW 7415 Are Madlay : FT 33166
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any. REQUIRED SIGNATURE:	dans April
REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document is a document in a doc	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware that

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