L24000441685

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

Office Use Only



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March 28, 2024

SAHAR TURGEMAN 355 N MAGNOLIA AVE APT 1202 ORLANDO, FL 32801 US

SUBJECT: TURGEMAN LLC Ref. Number: W24000050202

We have received your document for and your check(s) totaling \$155.00. 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.

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

www.sunbiz.org

Letter Number: 024A00006739

COVER LETTER

TO: New Filing Section Division of Corporation	าร			
•	13			
SUBJECT: Turgeman LLC	(Name of Resultin	ng Florida Limite	d Company)	
The anglored Articles of Conv.				e submitted to convert an "Other
Business Entity" into a "Florid		_		
Please return all correspondence	e concerning th	is matter to:		
Sahar Turgeman				
(Contact	Person)			
Turgeman LLC				
(Firm/Ce	ompany)			
335 N Magnolia Ave, APT 1202				
(Add	ress)			
Orlando FL 32801				
(City, State a	nd Zip Code)			
Saharturgeman3@gmail.com	·			
E-mail Address: (to be used for f	uture annual report	notifications)		
For further information concer	ning this matter	please call:		
Sahar Turgeman	_	. (<u>813</u>	7961420	
(Name of Contact Person)	aı	(Area Code)	(Daytime Telep	phone Number)
Enclosed is a check for the foll dollars and drawn on a bank lo	-	(All checks pi		is office must be payable in US
☐ \$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	•	1 \$180.00 Fifing I ad Certified Copy	Certified	00 Filing Fees. I Copy, and ite of Status
Mailing Address:		-	treet Addres	
New Filing Section			New Filing Sc	
Division of Corporation P.O. Box 6327	18		Division of Co The Centre of	

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: Turgeman 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.
(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)
04/29/2022
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Turgeman 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.)
<u>Note:</u> 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	this27	_ day of	February	20 <u>24</u>	
				mited Liability Company:	
Sianatu	ire of Authoriz	ed Represe	ntative: <u>S</u>) Ur	
Printed	Name: Sa	ahar Tur	geman	Title: Mr	
					
			Business Entity:	[See below for required signature(s)]
Signatu	re: <u>SU</u>	W			
Printed	Name: Sahar T	urgeman		Title: ŒŒ	
Signatu	re:				
Printed	Name:		_	Title:	
Signatu	re:				
Printed	Name:			Title:	
					
Signatu	re:			Title:	
rimed	Name:			Title.	
Signatu	re:				
Printed	Name:	<u> </u>		Title:	
Cianata	eres :				
Printed	Name:			Title:	—
	ida Corporatio		D'	o or	
			rman, Director, o	or Officer. Incorporator must sign.	
II Direc	tors or others	s nave not c	cen serected, an	meorporator must sign.	
			or Limited Liab	ility Partnership:	
Signatu	re of one Gene	ral Partner.			
lf Flori	ida Limited Pa	artnership (or Limited Liab	ility Limited Partnership:	
	res of <u>ALL</u> Ge				
All oth	<u>ers:</u> ire of an author	izad parcon			
Signatu	ne or an author	izeu person	•		
Fees:					
	V 2010 - 00			¢25.00	
	Articles of Co		of Organization	\$25.00 : \$125.00	
	Certified Cop		or organization	\$30.00 (Optional)	
	Certificate of			\$5.00 (Optional)	
				·	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Turgemar Must contain the words "Limited Liabi			
		miy Company,	13.13.C., 01 1313C	z. J
The mailing add	Address: ress and street address of the	principal off	ice of the Li	mited Liability Company is:
Principal Office	e Address:	Mailing	Address:	
	olia Ave, APT 1202 ndo FL 32801		lagnolia / Orlando F	Ave, APT 1202 L 32801
(The Limited Liability business entity with	Registered Agent, Register of Company cannot serve as its own Registra an active Florida registration.) the Florida street address of the	gistered Agent. Y	ou must designa	
	Sahar Turgeman			_
	Nai			
	335 N Magnol	ia Ave, A	PT 1202	_
	Florida street address (P.	.O. Box <u>NO</u>	<u>r</u> acceptable)
	Orlando	FL ³	32801	
	City		Zip	_
	•			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Sahar Turgeman
MGR	335 N Magnolia Ave, APT 1202, Orlando FL 32801
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	OUV
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree fellower.
Sahar Turgeman	
	ped or printed name of signee

ARTICLE IV-