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(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL	600438576426 TALLAMASSET IN SILE 10/31/2401605-E.F.
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer: Office Use Only	RECRETATION OF STATE

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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: <u>MGM</u> <u>IBANS</u> <u>LLC</u> (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:

Serghei Malcoci	
(Contact Person)	
MGM Trans LLC	
(Firm/Company)	
5133 Wheeler Kay	
(Address)	
Pensacola Fl 32526	ALLAN
(City, State and Zip Code)	
shipmgm trans@gmail com	SSS SS
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
	-

<u>Serghci</u> <u>Malcoci</u> (Name of Contact Person) at (<u>337</u>) <u>9679097</u> (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)

S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)

\$155.00 Filing Fees and Certificate of Status

1\$180.00 Filing Fees and Certified Copy

Ø\$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

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 Article \mathcal{MGM} Trans \mathcal{LLC}	es of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>LLC</u>	3024 TA
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	n law nr bustless trust, etc.)
First organized, formed or incorporated under the laws of <u>Texq5</u>	T 31
(Enter state, or if a non-U.S. entity, the	name of the country
on $\frac{OG}{OG}$ $\frac{OG}{2018}$ (date of organization, formation or incorporation)	E. FL

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

MGM	Trans	LLC	
(Enter Name of Floride Limited Lightlity Compone)			

(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 this <u>AT</u> day of <u>quart</u>	_20_24			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative: Printed Name: <u>Sergher</u> <u>Malcoci</u>	Title: President			
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]			
Signature: <u>Malioci</u> Printed Name: <u>Sergher</u> <u>Malioci</u>	Title: President			
Signature: Printed Name:	_ Title:			
Signature: Printed Name:				
Signature:		SECO	2024	
Signature: Printed Name:		LAHAS	2024 OCT 3	
Signature: Printed Name:	_ Title:	UF STA	AH 9: 47	Ш О
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C If Directors or Officers have not been selected, an Inc	Officer.	. TE	4	
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.				
<u>All others:</u> Signature of an authorized person.				
Fees:				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate 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:



ARTICLE II - Address:

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

Principal Office Address: Mailing Address: 5133 Wheeler Kay 5133 Wheeler Kay Pensacola FL Pensacola FL 32526 32526 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S

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

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



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. Thereby 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.

Malcou Registered Agent's Signature (REQUIRED)

(CONTINUED)

. . . .

ARTICLE IV-

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

$\frac{\text{Title:}}{\text{"AMBR"}} = \text{Authorized Member"} \\ \frac{\text{"MGR"}}{\text{MGR"}} = \text{Manager} \\ \frac{\text{MGR"}}{\text{MGR}} \\ \frac{\text{MGR}}{\text{MGR}} \\ \frac{\text{MGR}}{\text{MGR}}$	Name and Address: Serghei Malcoci 5135 Wheeler Kyy Pensacola FL 32526
(Use attachment if necessary) ARTICLE V: Other provisions, if any.	

REQUIRED SIGNATURE:

Malcoci

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. 5 er ghei <u>Malcoci</u> 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) **S** 5.00 Certificate of Status (Optional)