L24000489876

(Requestor's Name)
(Address)
(Address)
(\0.001655)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

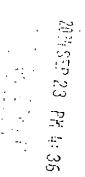
Office Use Only

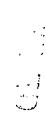


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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

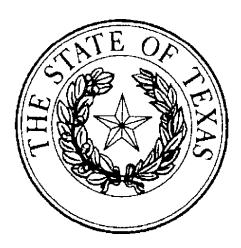
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Maroon Berets LLC (file number 805131615), a Domestic Limited Liability Company (LLC), was filed in this office on July 07, 2023.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: July 08, 2023

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 28, 2024.



Jane Nelson Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709

Phone: (512) 463-5555

COVER LETTER

Division of C	Corporations				
SUBJECT: MAROO	N BERETS LLC				
Sobole 1.	(Name of Res	sulting Florida Li	nited Cor	npany)	_
				nd fees are submitted to ecordance with s. 605.	
Please return all corr	espondence concernin	g this matter to) :		
BERKER ACAR					
	(Contact Person)	· - ·	_		
MAROON BERETS LI	-C				
	(Firm/Company)				
2859 NE 15TH STREE	T				
	(Address)		_		72
POMPANO BEACH, F	LORIDA, 33062				
(1	City, State and Zip Code)		_		
MAROONBERETSLLO	C@GMAIL.COM)
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please cal	1:		2021 SED 23 PX 4: C
BERKER ACAR		at (⁷⁸⁶) ⁵⁷¹⁻	0123	တ တ
(Name of Conta	ect Person)	(Area Co	le) (Day	0123 ytime Telephone Number)	_
	or the following amou a bank located in the		s proces.	sed 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 Fili and Certified C		☐\$185,00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add	ress:		Stree	t Address:	
New Filing S				Filing Section	
Division of C P.O. Box 632	-			ion of Corporations Centre of Tallahassee	
1 .O. DOX 032	· F		THE C	conte of Fallanassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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 MAROON BERETS LLC	the Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a MAROON BERETS LLC (Enter entity type. Example: corporation, limited partnership, general partnership.	
(Enter entity type. Example: corporation, limited partnership, general partnersh	hip, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	11
(Enter state, or if a non-U.S	entity, the name of the country)
07/07/2023 on	(2)
on	11
3. The name of the Florida Limited Liability Company as set forth in the attack	ched Articles of Organization:
MAROON BERETS 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 mothed 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 requirement 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 havi	ng appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 12 day of SEPTEMBER	_ 20 <u>24</u>
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Belle Printed Name: BERKER ACAR	Title: MANAGER MEMBER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Bale Deil	
Printed Name: BERKER ACAR	Title: MANAGER MEMBER
Signature:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	Tr'.1
Printed Name:	
Signature:Printed Name:	Title
	ي
Signature:Printed Name:	Title
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Co.	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: 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 - Na The name of the L	me: imited Liability Company is	:	
MAROON BERETS	LLC ust contain the words "Limited Liabil	ity Company "L.L.C." or "LLC")	
ARTICLE II - Ac			ed Liability Company is:
Principal Office A	Address:	Mailing Address:	
2859 NE 15TH STR POMPANO BEACH		2859 NE 15TH STREET POMPANO BEACH, FLOR	RIDA 33062
(The Limited Liability C	egistered Agent, Registere ompany cannot serve as its own Regiactive Florida registration.)	d Office, & Registered Agestered Agent. You must designate an	ent's Signature: individual or another
The name and the	Florida street address of the	registered agent are:	13. P
	BERKER ACAR		3 2
	Nam	e	PH 4: 36
	2859 NE 15TH STREET		# 9
	Florida street address (P.C	D. Box <u>NOT</u> acceptable)	36 ·
	POMPANO BEACH	FL ³³⁰⁶²	
	City	Zip	
liability comp	med as registered agent and to any at the place designated i	n this certificate, I hereby ac	cept the appointment as

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)

Λ	Ŋ	T	1	٦)	i I	F	ī١	/_

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager	BERKER ACAR 2859 NE 15TH STREET POMPANO BEACH FLORIDA 33062				
					
(Use attachment if necessary)	23 PH 4:				
CLE V: Other provisions, if any.	÷ 36				
REQUIRED SIGNATURE:	Seil				
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felo				

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)