L24000498774

Requestor's Name)
Address)
,
Address)
01.40.4.5.701
City/State/Zip/Phone #)
MAIL MAIL
Business Entity Name)
Document Number)
Certificates of Status
to Filing Officer:
g 5///00/.





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11/22/24--01024--014 **180.00

2024 MOY 22 PH 5: 32

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.

(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is aforeign limited liability company (registered to do busine	ss in FL M24000	0012077)
(Enter entity type. Example: corporation, limited partnership, general partnership, commo	n law or business	trust, etc.)
First organized, formed or incorporated under the laws of	name of the coun	try)
05/26/2004 on		
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	cles of Organi	zation:
Radin Enterprises, LLC (Enter Name of Florida Limited Liability Company)	·•	
January 1, 2025 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 9 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 document's effective date on the Department of State's records.		
(The effective date: Cannot be prior to date of receipt or filed date nor more than 9 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		

Signed this 12th day of November	_20 <u>24</u> .
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Printed Name: Carol Radin	Wel Kach. Title: Authorized Member
Signature(s) on behalf of Other Business Entity: [Signature: V Wol / Mourn Printed Name: Carol Radin	See below for required signature(s)]
Signature: V CWOL / [Adim	
Printed Name: Carol Radin	Title: Member
Signature:	
Signature:Printed Name:	Title:
C. and the control of	
Signature:Printed Name:	Title:
Signature:Printed Name:	77.4
Printed Name:	_ 1 itte:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clf 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 Liability Signatures of <u>ALL</u> General Partners.	v Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 2024 HOV 22 PH 5: 32

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compan	y is:	
Radin Enterprises, LLC		
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
4024 CARREL BLVD OCEANSIDE, NY 11572	4024 CARREL BLVD OCEANSIDE, NY 11572	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	
RICHARD D. SABA, P.A.		
	√ame	
2033 MAIN STREET, SU	ITE 400	
	(P.O. Box NOT acceptable)	
SARASOTA	FL ³⁴²³⁷	
City	Zip	
	ed in this certificate. Thereby ac apacity. I further agree to comp lete performance of my duties, a	veept the appointment as sly with the provisions of all and I am familiar with and

ARTICLE IV-

CAROL RADIN

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

"AMBR" = Authorized Member "MGR" = Manager	
AMBR	CAROL RADIN
	4024 CARREL BLVD
	OCEANSIDE, NY 11572
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	1
REQUIRED SIGNATURE: Carol. Lan	der
	:

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)