L25000022348 1-15-25

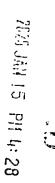
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Susmess Entry Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
W24000161191 TE 12-9-24	

Office Use Only



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COVER LETTER

TO:	New Filing S Division of C				
CLID	IECT: Semasa	•			
Subj	ECT:	(Name of Res	sulting Florida Limit	ed Cor	mpany)
			_		nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
Makha	abat Barlybay				
		(Contact Person)	•		
Sema	sa B LLC				
		(Firm/Company)			
370 C	enter Lake Ln A _l	pt 4023			
		(Address)	•	•	
Ovied	o, FL 32765				
		City, State and Zip Code)	 -		
nb.ete	ernalsky@gmail.d	•			
E-r	nail Address: (to b	e used for future annual re	port notifications)	•	
For fi	irther informati	on concerning this ma	tter inlease call:		
		on concerning and ma	•		
Serzn	an Barlybay ————)	
	(Name of Conta	ict Person)	(Area Code)	(Day	vtime Telephone Number)
		or the following amou a bank located in the	-	roces	sed by this office must be payable in US
(\$25 fc & \$125	i0.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	Fees y	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection orporations		New Divis	t Address: Filing Section ion of Corporations 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.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles Semasa LLC 	s of Convo	ersion	is:
(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 busi	ness tr	ust, etc.)
First organized, formed or incorporated under the laws of			_
(Enter state, or if a non-U.S. entity, the n	ame of the	country	y)
on 10/27/2022 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Article	loo of Own	7r = J;	- 4 * ± -
	les of Org		: .
SEMASA B LLC	•	O7.	
(Enter Name of Florida Limited Liability Company)	; 11	_0 _1	ى ئاي مستعدد
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date:		.: -:-	السيا
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 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 is document's effective date on the Department of State's records.	calendar	Ga ys	
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 3rd day of January	20	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Makhabat Barlybay	Bevrybay Title: President	-
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: DL Lyouty by Printed Name: Makhabat Barlybay	Title: President	- -
Signature:Printed Name:		
Signature:Printed Name:	Title:	-
Signature: Printed Name:	Title:	-
Signature:Printed Name:	Title:	- -
Signature:Printed Name:	Title:	202
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.		2025 JAH 15
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	Bil 4:2
If Florida Limited Partnership or Limited Liability Signatures of ALL. General Partners.	ty Limited Partnership:	177 - 68
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 1 - Name:

The name of the Li	imited Liability Company	is:			
SEMASA B LLC					
(Mu	ist contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")		-	
ARTICLE II - Ad The mailing addres		principal office of the Limite	d Liability (Compa	ny is:
Principal Office A	<u>address:</u>	Mailing Address:			
370 Center Lake LN AM U623		370 Center Lake LN Apt 40)23	-	
Oviedo, FL 32765		Oviedo, FL 32765		-	
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Repactive Florida registration.) Florida street address of the	red Office, & Registered Ago gistered Agent. You must designate an e registered agent are:			
	Dias Marat Na	me		JA _H	٠.
				5	د د
	18580 E Colonial Dr. Florida street address (P.	O. Box NOT acceptable)	· , =,1	PH	
	Orlando	FL 32820	STATE	կ։ շչ	
	City	Zip	,	C	
liability comp registered agent statutes relating	any at the place designated and agree to act in this cap g to the proper and complet ligations of my position as the S	I to accept service of process for this certificate, I hereby accepts. I further agree to complete performance of my draies, arregistered agent as provided for the performance of my drain and the performance of my drain an	cept the appo ly with the pi nd I am fami	ointmer rovisior liar wit	nt as ns of all th and

(CONTINUED)

ARTICLE IV-

. . . .

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
AMBR	Makhabat Barlybay			
	370 Center Lake Ln. Apt 4023			
	Oviedo, FL 32765			
MGR	Serzhan Barlybay			
	370 Center Lake Ln. Apt 4023			
	Oviedo, FL 32765			
				
				
			~;	
			25	
(Use attachment if necessary)			2025 JAN	+ 1
			Ω. .—	
TICLE V: Other provisions, if any.		-2 -,	70	, y [
		. (77	-5-	العيب
			2	 ,
		1.14	\sim	

REQUIRED SIGNATURE:

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.

Makhabat Barlybay

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)