

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





500459357105

10/10/25--01008--007 **155.00

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: COmpangineering, LLC (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:
Caroline Sager (Contact Person)
(Contact Person)
499 Evernia St. Apt 310 (Address)
West Palm Beach, FL 33401 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Alcxandra Sager at (785) 317-9991 (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)
\$\Bigcup \\$150.00 \text{ Filing Fees} \\ (\$25 \text{ for Conversion} \\ \& \$125 \text{ for Articles} \\ \text{ of Organization} \end{array}\$ \text{ Tiling Fees} \\ \text{ and Certified Copy} \\ \text{ and Certified Copy} \\ \text{ Certificate of Status} \end{array}\$
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited partnership. general partnership. common law or business trust, etc.
First organized, formed or incorporated under the laws of Kansas (Enter state, or if a non-U.S. entity, the name of the country)
on November le, 2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Compand in Leving 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.) Note: 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.
2025 OCT 10 734

Signe	ed this 3 day of OCTO her	_ 20_ 25
	ature of Authorized Representative of Lim	
Signa	nture of Authorized Representative:	Tipo Malaga and Meraly
		V
	ature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Printe	ed Name: Auxandra Sager	Title: Managing member
Signa	nure: Carolin Eagured Name: CAROLINE SALETE	U ,
Printe	ed Name: CAROLINE SALER	Title: MANAGING MEMBER
Signa Printe	iture:ed Name:	Title:
Printe	ed Name:	Title:
	ture:ed Name:	
Printe	ed Name:	Title:
Signa Printe	ture:ed Name:	Title:
	orida Corporation:	
Signa	ture of Chairman, Vice Chairman, Director, or	
	ectors or Officers have not been selected, an In	•
	orida General Partnership or Limited Liabili ture of one General Partner.	ty Partnership:
	<mark>orida Limited Partnership or Limited Liabili</mark> tures of <u>ALL</u> General Partners.	ty Limited Partnership:
<u>All ot</u> Signa	thers: ture 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

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

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
499 Evernia St Apt #310 West Palm Beach, FL 33401	499 Evernia St Apt #310 West Palm Beaon, FL 33401
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	gistered agent are:
<u>Caroline S</u>	ager
Name	
499 Evernia St. #	310
Florida street address (P.O.	Box <u>NOT</u> acceptable)
West Palm Beach	FL 33401
City	Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate. I hereby accept the appointment as v. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Λ	RТ	ICI	IV_{-}

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

"AMBR" = Authorized Member		
"MGR" = Manager	A Casa	
mar	Alexandra Sager	
	499 Everning St # 310 West Palm Reacn, FL 33401	
20/07	•	-
mar	Caroline Sager	
	499 Evernia St # 310 West Palm Beach, FL 3340	Í
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(Heaptrophymet if management)		
(Use attachment if necessary)		~
		(77)
CLE V: Other provisions, if any.		ζ.
REQUIRED SIGNATURE: /		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:		
Signature of a member or a This document is executed in accordance wany false information submitted in a docum	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware them to the Department of State constitutes a third degree felorities.	hat
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STATE OF KANSAS OFFICE OF SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING

1. SCOTT SCHWAB. Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 9764366

Business Name: COMPANGINEERING, LLC

Type: Domestic Limited Liability Company

Jurisdiction: Kansas

was filed in this office on November 06, 2020, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof: I affix my official certification seal. Done at the City of Topeka, on this day October 03, 2025.

SCOTT SCHWAB
KANSAS SECRETARY OF STATE

Certification Number: 833823-20251003 To verify the validity of this certificate please visit https://www.sos.ks.gov/eforms/BusinessEntity/CertifiedValidationSearch.aspv and enter certificate number.