P1900060152

(Requestor's Name)		
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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Onversion LLC to S/6/19 PA DC



July 1, 2019

ORUSHA HAJY ASHRAFI 2810 NW 52ND CT TAMARAC, FL 33309

SUBJECT: ORUSHA HAJY ASHRAFI PA

Ref. Number: W19000060863

We have received your document for ORUSHA HAJY ASHRAFI PA and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 319A00013233

Matthew T Moon
Regulatory Specialist II Supervisor

www.sunbiz.org

D' ' CO PONCOOT THE DI 11 000



June 8, 2019

ORUSHA HAJY ASHRAFI 2810 NW 52 COURT TAMARAC, FL 33309

SUBJECT: ORUSHA HAJY ASHRAFI LLC

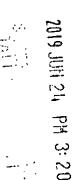
Ref. Number: L19000109589

We have received your document for ORUSHA HAJY ASHRAFI LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$105.00.

It appears you are trying to convert a Florida LIMITED LIABILITY COMPANY into a Florida CORPORATION. If this is correct, you have submitted an incorrect form. Please complete the enclosed, note the correct fees at the bottom of the form and return to our office for processing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor
Letter Number: 319A00011499



COVER LETTER

TO:	Charter Section Division of Corp	porations				
CLID I	ORUSHA H.	AJY ASHRAFI PA				
SUDA	rcr	Name of	Resulting	Florida Profit	Corporation	
The e	nclosed Certificate ′″ into a "Florida P	of Conversion, Articles Profit Corporation" in ac	of Incorp	poration, and f with s. 607.11	ees are submitted to convert a 15, F.S.	an "Other Business
Please	e return all corresp	ondence concerning this	matter to):		
ORUS	SHA HAJY ASHRA	FI				
		Contact Person	.1-**			
		Firm/Company				
2810	NW 52ND CT					
		Address				
TAMA	ARAC, FL 33309					
	1	City, State and Zip Code	2			
	aa@gmail.com					
	E-mail address: (to	be used for future annu	ial report	notification)		
For fi	arther information	concerning this matter,	please cal	1:		
ORUS	SHA HAJY ASHRA	FI	561 at (430-7	7051	
	Name of Co	ntact Person		Area Code an	d Daytime Telephone Numbe	r
Enclo	osed is a check for	the following amount:				
□ SH	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status		75 Filing Fees tified Copy	☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
New Divis Clifto	EET ADDRESS: Filings Section ion of Corporation on Building Executive Center			New I Divisi P. O.	LING ADDRESS: Filings Section fon of Corporations Box 6327 hassee, FL 32314	

Tallahassee, FL 32301

419-109589

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

Enter Name of Other Business Entity	 *		
2. The "Other Business Entity" is a limited liability company			
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	,		
first organized, formed or incorporated under the laws of [FLORIDA] (Enter state, or if a non-U.S. entity, the name of the country)		19	<u>.</u>
		AUs	0.00
04/22/2019 on		1	C:A
Enter date "Other Business Entity" was first organized, formed or incorporate	≥d	P	70.05 Y 0.05
Enter date "Other Business Entity" was first organized, formed or incorporate 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated:	vs of which	hit is	HOLLY BE
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation	<u>on:</u>		
ORUSHA HAJY ASHRAFI PA			
Enter Name of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effective date:			
(The effective date: Cannot be prior to nor more than 90 days after the date this document is	s filed by t	he Fl	orida
Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t	his date w	ill not	t be
listed as the document's effective date on the Department of State's records.			

Page 1 of 2

Siened	this day of JUNE	, 20 ²⁰¹⁹
	ed Signature for Florida Profit Corporation:	
Signatu	are of Chairman, Vige Chairman, Director, Office	er, or, if Directors or Officers have not been selected, an
Printed	Name: ORUSHA HAJY ASHRAF Title: CEO	
	a Rish A Mary A SHRAFI	
Requir	ed Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s).]
Signatu	ите:	
Printed	ORUSHA HAJY ASHRAFI	OWNER & MANAGERTitle:
Signatu	ORUSHA HAJY ASHRAFI Name:	
	Name:	
Signati	ие:	
Printed	Name:	
Signati	ure;	
	Name:	
Signati	ure:	
Printed	Name:	
Signati	ure:	
Printed	l Name:	Title:
<u>If Flor</u> Signati	rida General Partnership or Limited Liability ure of one General Partner.	Partnership:
If Flor Signat	rida Limited Partnership or Limited Liability ures of ALL General Partners.	Limited Partnership:
If Flor Signat	rida Limited Liability Company: ure of a Member or Authorized Représentative.	·
All oth Signat	hers: ure of an authorized person.	
Fees:	0100	
	Certificate of Conversion:	\$35.00
	Fees for Florida Articles of Incorporation:	\$70.00 \$8.75 (Ontional)
	Certified Copy:	\$8.75 (Optional) \$8.75 (Optional)
	Certificate of Status:	access (alexanes)

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: ORUSHA HAJY ASH	RAFI PA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address 2810 NW 52ND CT	Mailing address, if different is:
TAMARAC, FL 33309	TAMARAC FL 33309
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Real estate	19
All legal a ct. v. t.es.	19 AUG - 5 PM 4
	2
	<u> </u>
ARTICLE IV SHARES The number of shares of stock is: 100 (One)	hundred)
ARTICLE V INITIAL OFFICERS AND/OR DID	
Name and Title: 2810 NW 52ND CT.	Name and Title:
Address: Zand NW 32ND CT TAMARAC, FL 33309	Address:
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	
Address:	

ARTICL	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box NOT acceptable) o	the registered agent is:
Name:	ORUSHA HAJY ASHRAFI	
Address:	2810 NW 52ND CT.	
	TAMARAC, FL 33309	
ARTICL		
The name	e and address of the Incorporator is:	
Name:	orusha Hogy Ashrafi	
Address:	2810 NEW 72nd J TAMARA	<i>3</i> C
	fl. 33309	
		· *
******	****************	*********
Having b	peen named as registered agent to accept service of process ficate, I am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
N	1513424012	0/19,2019
	Required Signature/Registered Agent	Date
	_ · · · · · · · · · · · · · · · · · · ·	to an folia information submitted in
I submit documer	this document and affirm that the facts stated herein are nt to the Department of State constitutes a third degree felo	true. I am aware that any false information submitted in my as provided for in s.817.155, F.S.
	on I	6,19,2019
	Required Signature/Incorporator	Date