P21000077326

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

Office Use Only



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June 16, 2021

ARMANI D. NASH 625 OAKLEAF PLANTATION PKWY ORANGE PARK, FL 32065

SUBJECT: ARMANI ATM Ref. Number: W21000088271

We have received your document for ARMANI ATM and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

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.

DANIEL L O'KEEFE Regulatory Specialist II

21.68#23 E8 E8 E8

Letter Number: 221A00013546

•	COVERLETTER	
	ng Section of Corporations ani ATM	
SUBJECT:		
	Name of Resulting Florida Profit Corpo	ration
	cles of Conversion, Articles of Incorporation, and fees are sidda Profit Corporation" in accordance with ss. 607.11933 &	
Please return all co	orrespondence concerning this matter to:	
Armo	Contact Person	
	Contact Person	
	F: 40	
	Firm/Company	
625 OCK le	eaf plantation Pkwy untille Address	
	Address	
Orange	Park FL 32005 City, State and Zip Code	
	City, State and Zip Code	
support@arman		
E-mail address	ss: (to be used for future annual report notification)	
For further informat	tion concerning this matter, please call:	
Armani Nash	424 278-3743	
Name of	at (Training All I
ivame of	Tea Code and Dayti	me Telephone Number
Enclosed is a check	for the following amount:	
□ \$105.00 Filing Fo	and Certificate of and Certified Copy Certi	22.50 Filing Fees, fied Copy, and ficate of Status
Mailing Ad New Filing Division of P.O. Box 6.	g Section New Filing S f Corporations Division of G	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the C Armani ATMS IIc	onverting Entity immediately prior to the filing of the Articles of Conversion is:
	Enter Name of the Converting Entity
	LLC
2. The converting ent	ity is a
	(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) FL
first organized, forme	d or incorporated under the laws of
-4/20/2020 thin	(Enter state, or if a non-U.S. entity, the name of the country)
on	3/27/2020
	<u> </u>
	orida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
	Enter Name of Florida Profit Corporation
4. This conversion wa current/organic jurisdi	s approved by the eligible converting entity in accordance with this chapter and the laws of its ction.
5. If not effective on t	he date of filing, enter the effective date:
(The effective date: (Department of State.	Cannot be prior to nor more than 90 days after the date this document is filed by the Florida
	ted 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.

Signed this S day of 21 20 3-1.					
Signature of Authorized Representative of Lingited Liability Company:					
Signature of Authorized Representative:					
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]					
Signature: Aman Nash Title: CEO					
Signature: Title:					
Signature: Title:					
Signature: Printed Name: Title:					
Signature: Printed Name: Title:					
Signature: Title:					
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.					
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
All others: Signature of an authorized person.					

\$25.00

\$125.00

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

Fees:

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

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

	IRMANT ATM INC.
IRPICLE II PRINCIPAL OFFICE Principal street address F1000 - K. U.S. H.G. H.M.O.S. TF 633 F180005 121900	Mailing address, if different is: Fig.
32203	
ARTICLE III - PERPOSE	red is: 77 confuct a lawful, ethical,
	ivolainable business in order to
	er tong-turn. This requires
	the study holders
Company of the Compan	
	0.0
ARTICLE IV SHARES The number of shares of stock is: DD_	ALL CONTRACTOR OF THE PROPERTY
The number of shares of stock is.	
ARTICLE V INITIAL OFFICERS AND/OF	DIRECTORS
ARTICLE V INITIAL OFFICERS AND OF	
Name and Title:	Name and Title:
Name and Title:	
Name and Title:	
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Name and Title:	Name and Title:
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Name and	Litte:	Name and Title:	
Address		Address:	
ARTICLE VI R	<u>*EGISTERED AGENT</u> o <u>rida street address</u> (P.O. Box NOT acceptable) (
Name	Arman Nash	_	
Address.	Becc=18_US_Highway_1	7.5	
	\$633 Floring Iskul, F.	4 32003	
<u>ARTICLE VII., 1</u>	NCORPORATOR		
The name and ado	dress of the Incorporator is:		
Name:	Armani Nasa	_	
Address:	5000-18 US Highn	<u>0</u> 24	
	5000-18 US Highw 175 7623 Floring & 32003	Jard +2	
	32003		
ARTICLE VIII	EFFECTIVE DATE:		
r nective date, it of (If an effective d: filing.)	other than the date of filing:	. (OPTION tot be more than five day	AL) is prior or 90 days after the
Note: If the date the document's ef	inserted in this block does not meet the applicabl fective date on the Department of State's records	e standory filing requiren	ients, this date will not be listed as
сегијкањ, гат ја	ed as registered agent to accept service of process miliar, with and accept the appointment as registe	rea agent and agree to ac	ration at the place designated in this t in this capacity
5	1/2 /0		7/22/21
	Required Signamre/Registered Agent		Date
I submit this docu	iment and affirm that the facts stated herein are epartment of State constitutes a third degree feloi	e true. I am aware that th	re false information submitted in a 1.155, F.S.
	mat I		<u>4/32/24</u>
Lanure Sign our	e. De error dos	***************************************	Dota

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