P2200069889

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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ELAHASSI (Trifofili)

(1)

W22-41515

5/1#2022 Source Solutions LLC 4838 Sevilla Shores Drive Wimauma FL 33598 TEL: 808 772 6323

Florida Department of Corporation New filing section Division of corporation P.O.Box 6327 Tallahassee, FL 32314

RE: Correction of corporation conversion application Filing Date 3/30/2022 Document # W22000041515

Dear Sir or Madam,

Please be advised that attached is the revised application.

Please make the following correction.

Previous application:

Source Solutions LLC

Please change it to

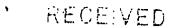
Source Solutions USA

Please update company information with Federal office as well.

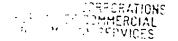
Our company FEIN is: 51-0653944

Shiho Adachi Lausterer

Secretary



2022-MAY -9 PM 2: 10



COVER LETTER

TO: New Filing S Division of O					
SUBJECT:	Source s	solutions U	SA T	IO /	
		of Resulting Florida		tion	
The enclosed Article entity into a "Florida	s of Conversion, Article Profit Corporation" in :	s of Incorporation, a accordance with ss. 6	nd fees are subm 07.11933 & 60	mitted to convert the follo	owing eligible
Please return all corre	espondence concerning	this matter to:			
_ Shiho A	dadi: Lauste	vev			
	Contact Person				
Source	Solutions LL	C			
	Firm/Company				
4838 Sqv:1	la shorey Dr	·ive			
	Address				
Wimauma	City. State and Zip C	33598			
	City, State and Zip Co	ode			
info@ source	solutions hawaii-	Com			
E-mail address:	(to be used for future ar	inual report notificat	ion)		
For further informatic	on concerning this matte	r, please call:			
Shiho Lauste Name of C	YeV Contact Person	at (<u>808</u>)	ηη ₂	6323 Telephone Number	
	or the following amount		ac take buyunk	rerephone (vamoe)	
\$105.00 Filing Foo Pard and Cashed in Monch 2021	s □\$113.75 Filing Fed and Certificate of Status	es □\$113.75 Filing and Certified Cop	oy Certified	50 Filing Fees, d Copy, and ate of Status	
Mailing Add New Filing S Division of O P.O. Box 633 Tallahassee.	Section Corporations 27	7 D T	Street Address New Filing Sec Division of Cor The Centre of T 415 N. Monro	ction rporations	

Tallahassee, 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 Converting Entity immediately prior to the filing of the Articles of Conversion is:
Source Solutions LLC
Enter Name of the Converting Entity
2. The converting entity is a 5 (experience from (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
Enter date "Converting Entity" was first organized, formed or incorporated. 3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Source solutions USA Inc
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: 1/28 2022 The effective date: Cannot be prior to nor more than 90 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 isted as the document's effective date on the Department of State's records.

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Signed this 14t day of May	20 <u>22</u>			
Required Signature for Florida Profit Corporation				
Signature of Director, Officer, or, if Directors or Officer	•	rator:		
Printed Name: Antho Vaustevev Title: 4				
Required Signature(s) on behalf of Converting Flocompanies: [See below for required signature(s).] Signature:			ed lial	<u>bility</u>
Printed Name: Hamsh Signs Mathdakath	Title: Pregident			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:	—— <u>≅</u> .	2022	
			22 SE	- -
Signature:Printed Name:	Title:	ASSE 	P -9	
Signature:		1.7"	P_ M	[]
Printed Name:	Title:		2: 44	۷
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:	;-	+	
<u>If Florida Limited Partnership or Limited Liability</u> Signatures of <u>ALL</u> General Partners.	Limited Partnership:			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.				
All others: Signature of an authorized person.				
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35,00 \$70,00 \$8,75 (Optional) \$8,75 (Optional)			

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of	f the corporation shall be:	SEWYLE GO	du lions	V ₂ A	<u> </u>		
ARTICLE The principe	II PRINCIPAL OFF	<u>ICE</u>					
the principa	al place of business/mailing	address is:					
	Principal street address	S		Maili	ng address, if d	ifferent is:	
4838	Sevilla shares	Drive	-		-		
<u> Wima</u>	iuma FL 335	48					
	III PURPOSE e for which the corporation	is organized is:					_
			-			Ā _C	2022 9
		<u> </u>		-		<u> </u>	SEP.
			 			ASS.	_ <u>.</u>
							_ _
		-				171.	_ <u>+</u> -2:
	IV SHARES of shares of stock is: 1						,
ARTICLE	V OFFICERS AND/C	R DIRECTOR	<u>s</u>				
Name and T	itle: Hams, Shipas Math	lakath presi	da Kame an	d Title			
Address:	4838 SEVILLY S	heres Pri					
	Wimanna FL		_				
Name and Ti	itle: Shike Adadis La	waterer secra	Name and	d Title:			
Address:	4138 Sevalla						
	Warayma FL						
Name and Ti	itle:		Name and				
			_				
Address:			Address:				

The name	and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Shiho Adadn: Lausterer	
Address:	4838 Seulla Shoves Drive	
	Wimanua FL 33598	
*******	***********	*******
	en named as registered agent to accept service of proce cate, I am familiar with and accept the appointment as i	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
		9/6/2022
	Required Signature/Registered Agent	Date

ARTICLE VI REGISTERED AGENT

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