P23000047424

(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:
W230000 78640

Office Use Only



500402724165

05/09/23--01017--003 **25.00

06/22/23--01016--005 **80.00

23 IMY -9 PM 6:10

June 5, 2023

PAVEL BOTCHENKO 12851 SUNSTONE AVE APT 2214 ORLANDO, FL 32832 US

SUBJECT: AUTO LEADER TEAM LLC

Ref. Number: W23000078640

We have received your document for AUTO LEADER TEAM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

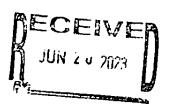
THE FORM YOU SUBMITTED IS INCORRECT ALONG WITH THE FEES. I HAVE ENCLOSED THE CORRECT FORM FOR YOU. RESUBMIT AND SEND IN THE ADDITIONAL FEE \$80.00TO COMPLETE THE PROCESS. CHECK OR MONEY ORDER ARE ACCEPTED ALONG WITHTHE APPLICATION

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.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 923A00012734



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: AUTO LEADER TEAM INC Name of Resulting Florida Profit Corporation
Name of Resulting Plorida Profit Corporation
The enclosed Articles of Conversion. Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.
Please return all correspondence concerning this matter to:
PAVEL BOTCHENKO
Contact Person
AUTO LEADER TEAM LLC
Firm/Company
12851 SUNSTONE AVE, APT 2214
Address
ORLANDO, FL 32832
City, State and Zip Code
AUTOLEADERFL@GMAIL.COM E-mail address: (to be used for future annual report notification)
PAVEL BOTCHENKO at (689) 233-2225
Enclosed is a check for the following amount:
■ \$105.00 Filing Fees
Mailing Address: Street Address:
New Filing Section New Filing Section Division of Corporations Division 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 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:

AUTO LEADER TEAM LLC			
Enter Name of the Converting Entity	.*		
2. The converting 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)			
_{on} 04/26/2023			
Enter date "Converting Entity" was first organized, formed or incorporated.			
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> AUTO LEADER TEAM INC	SELA:	23 KA	
Enter Name of Florida Profit Corporation	: <u>;</u>	7 <u>-</u> 9	-
4. This conversion was approved by the eligible converting entity in accordance with this chapter an current/organic jurisdiction.	d the lay		s .
5. If not effective on the date of filing, enter the effective date: Date of Filing	. :	σ,	•
(The effective date: Cannot be prior to nor more than 90 days after the date this document is (Department of State.)	iled by	the Flo	orida

Signed	this 12	day of JUNE	23	
Requir	ed Signature	for Florida Profit Corporation	<u>ı.</u>	
Signatu	ne of Director	Officer, or, if Directors or Office	eers have not been selected, an Incorporate	or:
Printed	Name: PAVE	L BOTCHENKO Title: Inco	rporator / President	
compa.	<u>nies:</u> {See be	low for required signature(s).]	rida partnerships, limited partnerships	, and limited liability
Signatu	ire:	Her		_
Printed	Name: PA	VEL BOTCHENKO	D_ _{Title:} MGR	
Signatu	ire:		D_Title: MGR	
Printed	Name: VIT	ALII SOKOLOV	Title: MGR	
Signatu	ire:			<u>-</u>
Printed	Name:	-	Title:	·
Signatu	ıre:		·•	<u> </u>
Printed	Name:		Title:	786 - 786 - 23
Signatu	ire:			23 Han SECOND WALL MID
Printed	Name:		Title:	
Signatu	re:			· · · · · · · · · · · · · · · · · · ·
Printed	Name:		Title:	_
	ida General I ire of one Gen	Partnership or Limited Liabilit eral Partner.	y Partnership:	
		artnership or Limited Liability eneral Partners.	y Limited Partnership:	
<u>If Flori</u> Signatu	i <mark>da Limited I</mark> re of a Memb	.iability Company: er or Authorized Representative.		
All othe Signatu	<u>ers:</u> re of an authe	rized person.		
Fees:	Articles of Co Fees for Flor	onversion; ida Articles of Incorporation:	\$35.00 \$70.00	

\$8.75 (Optional) \$8.75 (Optional)

Certified Copy: Certificate of Status:

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

ARTICLE I

ARTICLE I NAM The name of the corporat		ADER TE	AM INC		
•	NCIPAL OFFICE				
Principa	d street address		Mailing address, if different is:		
12851 SUNSTON	IE AVE, APT 2214	THE SAME AS PRINCIPAL ADDRESS			
ORLANDO,	FL 32832				
	POSE ne corporation is organized is:				
ANY AND A	LL LAWFUL BU	ISINESS			
			7. Z		
<u> </u>					
ARTICLE IV SHALE The number of shares of share	RES 100		1.555 1.66 b		
	CERS AND/OR DIRECTOR:	<u>s</u>	<u>1</u> 5		
Name and Title: PAVEL	BOTCHENKO, PRESIDENT	Name and Title	VITALII SOKOLOV, VISE PRESIDENT		
Address: 12851 S	12851 SUNSTONE AVE, APT 2214	Address:	12851 SUNSTONE AVE, APT 2214		
ORLA	NDO, FL 32832	-	ORLANDO, FL 32832		
Name and Title:		Name and Title	2:		
Address:		Address:			
		Name and Title	2:		
Address:					
		-			

and the second s

The name	e and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	PAVEL BOTCHENKO	
Address:	12851 SUNSTONE AVE, APT 2214	
	ORLANDO, FL 32832	
********* Having be this certifi	een named as registered agent to accept service of pricate, I am familiar with and accept the appointment	**************************************
	Required Signature/Registered Agent	Date

23 Mar - 9 PH 6: 10