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

Office Use Only



800442736238

01/15/25--01027--025 **150.00

COVER LETTER

TO: New Filing S Division of G				
SUBJECT:	litalii UA-L (Name of Re	USA LLC sulting Florida Limited Cor	npany)	
			nd fees are submitted to coccordance with s. 605.104	
Please return all cor	respondence concernin	g this matter to:		
<u> Anasta</u> Sunflai	(Contact Person) (Contact Person) (Firm/Company)	hal ion Services	hhC	
5200 NW	43rd St Ste (Address)	102-335		
Gainesir	le FL 326	06		~]
sunflavers	City, State and Zip Code)			;
For further informat	ion concerning this ma	tter, please call:		<u></u>
Onastosija (Name of Cont	Paschal act Person)	at (386) 32 (Area Code) (Day	78 54 55 rtime Telephone Number)	5:01
	for the following amou a bank located in the		sed by this office must be	payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status	
Mailing Add New Filing S Division of C	Section	New 1	t Address: Filing Section ion 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 and attached Articles of Organization 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 Articl	es of Conve	ersion	is:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, commo	on law or busi	ness tru:	st, etc.
First organized, formed or incorporated under the laws of		·	
(Enter state, or if a non-U.S. entity, the	name of the	contiti))
on 08 08 2023 (date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Arti	icles of Ore	 เลท์เวลเ	tion:
Vitalii UA-USA LLC		, a	= ;
(Enter Name of Florida Limited Liability Company) 1. If not offective on the date of filing, enter the offective date: 01/05/2005		5: 04	م _{اسط} ور
4. If not effective on the date of filing, enter the effective date: 01/05/2025 The effective date: Cannot be prior to date of receipt or filed date nor more than 9	0 calendar	days a	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 locument's effective date on the Department of State's records.	e will not be l	isted as	the
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.

Signed this 5 day of January	_20 <u>_</u> 25
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: 114 Printed Name: Vitali Shchupachynsky	Stoufo Title: AMBR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: W. Hali Shekupachyroskyc	
Printed Name: Vita Iii Shekuyachynskyi	Title: AMBR
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vitalii UA-USAL	
(Must contain the words "Limited Liability	Company, "L.t.,C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4740 68th Owe M Pinellas Parle FC 33781	4740 68th Owen Pinellas Pank FL 33781
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:
Vitalii Shch	upachynskyi :
4740 68th a	<u></u>
Florida street address (P.O.	Box NOT acceptable)
Pinellas Park	FL 3378
City	Zip Q.
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 ty. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S Vitalii Shewpachynsky inture (REQUIRED)

(CONTINUED)

R	\mathbf{T}	C	Ė.	IV.

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Vitalii Shchupachynskyi 4740 68th Ove M Pinellas Park FL 33781
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., California Secretary of State, hereby certify:

Entity Name: Vitalii UA-USA LLC
Entity No.: 202358513490
Registration Date: 08/08/2023

Entity Type: Limited Liability Company - CA

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

SEAL OF THE OF THE OF

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 01, 2025.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 280320825

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.