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(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:





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Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 Articles SERLIN VENTURES LLC	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common	law or husiness trust atc.)
	law of business trust, etc.)
First organized, formed or incorporated under the laws of NEVADA (Enter state, or if a non-U.S. entity, the na	ame of the country)
05/18/2020	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Article	es of Organization:
SERLIN VENTURES LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 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 videcument's effective date on the Department of State's records.	
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	I rights the amount to

Signed	this 6	_day of JANUARY	20_25		
		ized Representative of Limi			
Signati Printed	ure of Authoriz Name: LINDA C	ed Representative: While HOLT HERRERA	Title: MGR		
			See below for required signature(s)		
Signatu	ire: Juda	HOLTHERRERA	Title: MGR	_	
Printed	Name: LIVOA C	THOEFTIERREIT	Title.	_	
Signatu	ire:		Title:	-	
rimeu	ivaine		Title.	_	
Signatu	ire:		_ Title:	_	
Signatu	ıre:		Title:	_	
rinicu	Name			_	
Signatu	ire:		Title:		
rimied	i Name			_	
Signatu	ire:		Title:	-	
rimed	Name.		True.	_	
	ida Corporatio	en: , Vice Chairman, Director, or	Officer		
		s have not been selected, an Inc			
IC Flow	ido Cananal Da	urtnership or Limited Liabili	ty Partnershin:		
	ire of one Gener		ty tatticismp.		
	ida Limited Pa ires of <u>ALL</u> Ge	ntnership or Limited Liabili neral Partners.	ty Limited Partnership:		
All oth Signatu	i <mark>ers:</mark> ire of`an authori	ized person.		**** ,	N 3
Fees:					625
	Certified Copy	da Articles of Organization: y:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	1	JAH 15 AMI
	Certificate of S	Status:	(Optional) دو.		AM II: 16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:			
	mited Liability Con	npany is:		
SERLIN VENTURES	SLLC			
		ited Liability Company, "L.	L.C.," or "LLC.")	
	•			
The mailing address		of the principal offic	e of the Limit	ed Liability Company is:
The maning address	s and supple address	or the principal office	or the Billio	20 2.wo, a a,
Principal Office A	ddress:	Mailing A	<u> Address:</u>	
4031 SW 32ND CT		4031 SW 3	32ND CT	
WEST PARK, FL 33	023	WEST PAI	RK, FL 33023	
(The Limited Liability Cobusiness entity with an a	ompany cannot serve as its active Florida registration.)	s of the registered ag	u must designate ar	individual or another
	4031 SW 32ND CT			
		ress (P.O. Box NOT	acceptable)	
	WEST PARK	FL 3302	23	
	City		Zip	
liability comp registered agent of statutes relating	any at the place designed agree to act in the groper and colligations of my positions. Registered Age	gnated in this certification is capacity. I further complete performance ion as registered agental and the control of the cont	ate, I hereby ac agree to comp of my duties, c nt as provided	for the above stated limited accept the appointment as oly with the provisions of all and I am familiar with and for in Chapter 605, F.S
	((CONTINUED)		

ARTICLE 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		
MGR	LINDA C HOLT HERRERA	
	4031 SW 32ND CT	
	WEST PARK, FL 33023	
MGR	SERGIO J HERRERA SR.	
	4031 SW 32ND CT	
	WEST PARK, FL 33023	
		
		
		
		
(Use attachment if necessary)		
(Ose attachment if necessary)		
		20 .
CLE V: Other provisions, if any.		25,
CEE V. Olikei provisions, it uny.		2025 JA⊧ ì
		2-7
		;
REQUIRED SIGNATURE:		AM II: 16
REQUIRED SIGNATURE.	. () ()	•• مزر، سب ا
(X) 0 = (2)	the the	

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.

LINDA C HOLT HERRERA

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)