# 12500034763

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Decision Frailm Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Tianyou Asset M	anagement, LLC	I				
Please Debit FCA	000000003 For: 1&	3			2025 ৣ	
Thank you Seth N	leeley			<del></del>	 <u> </u>	5
Sig	,		<u> </u>	Art of Inc. File	 74.6 A. 92.4	
			<del>_</del>	Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name	 	
S				Corp Record Search Officer Search Fictitious Search	 	
Signature				Vehicle Search  Driving Record	-	
Requested by:		-		UCC 1 or 3 File		
Name	Date	Time		UCC 11 Search		
Walk-In	Will Pick Up .			UCC 11 Retrieval		

#### **COVER LETTER**

TO: New Filing Section Division of Corporations					
SUBJECT: Tianyou Asset Management, L	.LC				
(Name of I	Resulting Florida Lin	nited Con	ipany)		
The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited					
Please return all correspondence concern	ing this matter to	:			2025 J.W
Marisa Krueger				(v)	28
(Contact Person)					
Cole-Frieman & Mallon LLP				***	<u>ن</u> د
(Firm/Company)		<u> </u>			): <b>47</b>
201 California Street, Suite 350					
(Address)		_			
San Francisco, CA 94111					
(City, State and Zip Code	2)	_			
bzhan@tianyouam.com					
E-mail Address: (to be used for future annual	report notifications)	<del></del>			
For further information concerning this n	natter, please call	:			
Shili Zhan	at (	980-3	3341		
(Name of Contact Person)	(Area Cod	e) (Day	time Telephone Number)		
Enclosed is a check for the following am dollars and drawn on a bank located in the		process	ed by this office mus	t be payab	le in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$ ☐\$180.00 Filin and Certified Co		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New I Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Sui	ite 810	

Tallahassee, FL 32303

### **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 Articles of Conversion is:  Tianyou Asset Management, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
July 10, 2012
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Tianyou Asset Management, 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 calendar 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 listed as the document'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 rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 24th	_ day of January	20_25		
Signature of Author	ized Representative of L	imited Liability Company:		
Signature of Authoriz	zed Representative: Sloli	Evan		
Printed Name: Shili Zhi	an	Title: Manager		
Signature(s) on beha	lf of Other Business Entit	y: [See below for required signature(s)]		
Signature: Shi Blue				
Printed Name: Shili Z	han	Title: Manager		
				<u>&gt;</u>
Printed Name:		Title:	-	2025 CIN 28
Signature:	<u></u> -	Title:	: (2)	55
Signature:		Title:	( )	
Printed Name:		Title:		<u>्</u> र
Signature:			<i>;</i> .	7
Printed Name:		Title:		
Cianatura				
Printed Name:		Title:		
If Florida Corporatio	on: 1, Vice Chairman, Director	or Officer		
	s have not been selected, a			
If Florida General Pa Signature of one Gene	artnership or Limited Lia	bility Partnership:		
Signature of one Clene	iai raimei.			
		bility Limited Partnership:		
Signatures of <u>ALL</u> Ge	neral Partners.			
All others:				
All others: Signature of an author	ized person.			
Fees:				
<u>1 CCS.</u>				

\$25.00

\$125.00

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

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Tianyou Asset Management, LLC		_
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	20
ADTICLE II Addissin		25,
ARTICLE II - Address: The mailing address and street address of the	a main aimal affian af tha Linaitad Liability	
The maining address and street address of the	e principal office of the Elimited Elabinty (	company is
Principal Office Address:	Mailing Address:	
6900 Tavistock Lakes Blvd, Suite 400	6900 Tavistock Lakes Blvd, Suite 400	
Orlando, FL 32827	Orlando, FL 32827	سے سیار
****	• • •	- 📆
		_
The name and the Florida street address of the Shili Zhan	ne registered agent are:	
	ime	
6900 Tavistock Lakes Blvd	, Suite 400	
	P.O. Box NOT acceptable)	
Orlando	FL 32827	
City	Zip	
registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate. I hereby accept the app	ointment as rovisions of al. liar with and

(CONTINUED)

#### ARTICLE IV-

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

MGR  Shili Zhan  6900 Tavistock Lakes Blvd, Suite 400  Orlando. FL 32827   Use attachment if necessary)  E V: Other provisions, if any.	"AMBR" = Authorized Member	Name and Address:
Use attachment if necessary)  E V: Other provisions, if any.  REQUIRED SIGNATURE:	"MGR" = Manager MGR	Shili Zhan
Use attachment if necessary)  E 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 awar any false information submitted in a document to the Department of State constitutes a third degree as provided for in s.817.155, F.S.  Shili Zhan  Typed or printed name of signee		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agen \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)