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(Requestor's Name)
(Negacotal S Name)
(Address)
(10100)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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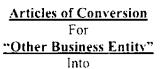


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COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: PMI Investment and Trading LLC	c				
	sulting Florida Limi	icd Con	npany)		
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	_				"Other
Please return all correspondence concernin	g this matter to:				
Ralph Strzałkowski					
(Contact Person)		•			~
Florida Rights Law Firm PLLC					<u>. 3</u>
(Firm/Company)		-			
695 Central Ave Ste. 264					2021 315: 19
(Address)		-		(
St. Petersburg, FL 33701				'	Pii 4: 44
(City, State and Zip Code)		-			. .
rs@lawyeronwheels.org					.
E-mail Address: (to be used for future annual re	port notifications)	-			
For further information concerning this ma	itter, please call:				
Ralph Strzalkowski	at (<u>352</u>)			
(Name of Contact Person)) (Day	rtime Telephone Number)		
Enclosed is a check for the following amoudollars and drawn on a bank located in the	-	process	sed by this office must be	: payable	in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New Division The Co	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8	810	

Tallahassee, FL 32303





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 of Conversion is: PMI Investment and Trading Corporation
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of P1900047275 (Enter state, or if a non-U.S. entity, the name of the country)
June 3, 2019 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PMI Investment and Trading Corporation
(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.

Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: Ralph Strzalkowski Signature(s) on behalf of Other Business Entity: Signature: Printed Name: Morten Haderup Fitle: President, D Signature: Printed Name: James Sparks Title: Director of Dev. VP Signature: Printed Name: Amber Robinson Title: Director of Dev Legal Strategies Signature: Printed Name: Signature: Printed Name: Title: Director of Dev Legal Strategies Signature: Printed Name: Title: Title:	
Signature of Authorized Representative: Printed Name: Ralph Strzalkowski Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Printed Name: Morten Haderup Title: President, D Signature: Printed Name: James Sparks Title: Director of Dev. VP Signature: Printed Name: Amber Robinson Title: Director of Dev Legal Strategies Signature: Printed Name: Signature: Printed Name: Title: Title: Signature: Printed Name: Title:	
Signature: Signa	
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Signature: Printed Name: Morten Haderup Title: President, D Title: Director of Dev. VP Signature: Printed Name: Amber Robinson Title: Director of Dev Legal Strategies Signature: Printed Name: Title: Title: Title: Title: Title: Title: Title:	_
Printed Name: Morten Haderup Title: President, D Signature: Printed Name: James Sparks Title: Director of Dev. VP Signature: Printed Name: Amber Robinson Title: Director of Dev Legal Strategies Signature: Printed Name: Title: Signature: Printed Name: Title:	
Printed Name: Morten Haderup Title: President, D Signature: Printed Name: James Sparks Title: Director of Dev. VP Signature: Printed Name: Amber Robinson Title: Director of Dev Legal Strategies Signature: Printed Name: Title: Signature: Printed Name: Title:	
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Signature:	
Signature: Title:	_
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer.	
If Directors or Officers have not been selected, an Incorporator must sign.	
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: \$25.00	
Fees for Florida Articles of Organization: \$125.00	
Certified Copy: \$30.00 (Optional)	
Certificate of Status: \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ty Company, "L.L.C.," or "LLC.")		
	iability Co	ompany is:
Mailing Address:		
2660 NW 15th Court Suite 104 Pompano Beach, FL 33069	1	
registered agent are:	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
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D. D. NOT	(5.4 61 AIIC 16.2
22701		R
Zip		4:14
n this certificate, I hereby accep city. I further agree to comply w performance of my duties, and i	t the appoi with the pro I a <mark>m fa</mark> mili	intment as ovisions of al ar with and
	Mailing Address: 2660 NW 15th Court Suite 104 Pompano Beach, FL 33069 d Office, & Registered Agent stered Agent. You must designate an indivergistered agent are: D. Box NOT acceptable) FL 33701 Zip to accept service of process for ton this certificate, I hereby acceptively. I further agree to comply we performance of my duties, and its certificate, and its certificate, and its performance of my duties, and its certificate, and its performance of my duties, and its certificate.	2660 NW 15th Court Suite 104 Pompano Beach, FL 33069 d Office, & Registered Agent's Signatustered Agent. You must designate an individual or anot registered agent are: D. Box NOT acceptable) FL 33701 Zip to accept service of process for the above son this certificate, I hereby accept the appoint city. I further agree to comply with the properformance of my duties, and I am familiar gistered agent as provided for in Chapter

(CONTINUED)

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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			
<u>P, D</u>	Morten Haderup		
	111 NE 1st Street 8th Floor #332		
	Miami, FL 33132		
D of Dev, VP	James Sparks		
	6 Liberty Square PMB 535		
	Boston, MA 02109		
S, D, of Legal Affairs	Ralph Strzalkowski		
3, b, or Legal Allalis	320 SE 3rd St Apt A17		
	Gainesville, FL 32601		
D. Dev of Legal S	Amber Robinson		
	695 Central Ave Ste. 264		
	St. Petersburg, FL 33701		
(Use attachment if necessary)			
ICLE V: Other provisions, if any.			

REQUIRED SIGNATURE:

Polph Similar

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.

Ralph Strzalkowski

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)