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(Pa	questor's Name)	
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(Ad-	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Eiling Officer	
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Office Use Only

W21000 1113231 Fitted out Wrong form



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08/03/21--01044--009 **105.60

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August 11, 2021

PEARL DWEK 7145 SAN SALVAD OR DR BOCA RATON, FL 33433

SUBJECT: SCORE RISE LLC Ref. Number: W21000111231

We have received your document for SCORE RISE LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong from was sent in, you will need to fill out articles of organization if converting to LLC along with addition of \$45.00 for the remaining filling fees. The correct form will be attached

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.

Letter Number: 621A00019111

Alannah M Carranza Regulatory Specialist II

www.sunbiz.org

COVER LETTER

ТО:	New Filing Se Division of Co					
SUBJ	ECT:_Score R	lise LLC				
5050			Resulting Flo	rida Profit	Corporation	
The er	nclosed Articles of into a "Florida P	of Conversion, Articles of Profit Corporation" in acc	of Incorporation	on, and fee: ss. 607.119	s are submitted to convert the follow 933 & 607.0202, F.S.	ing cligible
Please	return all corres	pondence concerning thi	is matter to:			
Pear	l Dwek					
		Contact Person				
Score	e Rise LLC					
		Firm/Company	 ·			
7145	San Salvador D)r				
		Address				
Воса	Raton, FL 334	1 33				
		City, State and Zip Cod	e			
	dwek@gmail					
E	E-mail address: (t	to be used for future anni	ual report noti	fication)		
		concerning this matter,	please call:			
Pearl	Dwek		_at (732	996	-2601	
	Name of Co	ontact Person	Are	a Code and	Daytime Telephone Number	
Enclos	ed is a check for	the following amount:				
፷ \$10	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 F and Certified	-	□\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
	Mailing Addr New Filing Se Division of Co P.O. Box 632	ection orporations		New F Division	Address: Filing Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

FILED

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

2021 AUG -9 AM 10: 21 SECRETARY OF STATE TOLL ASTA SSEE, FL

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:

Score Rise 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 Maryland
(Enter state, or if a non-U.S. entity, the name of the country)
03/05/2019
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> : Score Rise LLC
F. N. CPL II P. C. C.
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

Signed	this 27day o	f_July	, 20	
Requir	ed Signature for Flor			
	ire of Director, Officer		icers have not been selected, an Incorporato	r:
Printed	Name: Pearl Dwek	Title: Aut	horized Member	
compa	nies: [See below for re	equired signature(s).]	orida partnerships, limited partnerships,	and limited liability
-	Name: Pearl Dwek	_	Title: Authorized Member	 _
Signatu	ıre:			_ _
Printed	Name:		Title:	_
Signatı	ıre:			_
Printed	Name:		Title:	_
Signati	ire:			_
Printed	Name:	<u>.</u>	Title:	_
Signatu	ıre:	-		_
Printed	Name:		Title:	_
Signatı	ıre:			
Printed	Name:		Title:	
	ida General Partners ire of one General Part		ity Partnership:	
	ida Limited Partnersi ires of <u>ALL</u> General Pa		ty Limited Partnership:	
if Flor Signati	<u>ida Limited Liability</u> ire of a Member or Aut	Company: thorized Representative	e.	
All oth Signati	ners: are of an authorized per	rson.		
Fees:	Articles of Conversio Fees for Florida Artic Certified Copy: Certificate of Status:		\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	tra es			
The name of the Limited Liab	ility Company	18:		
Score Rise LLC				
	words "Limited Lia	bility Company, "L.L.C	" or "LLC.")	_
ARTICLE II - Address:				
The mailing address and stree	t address of the	e principal office o	of the Limited Li	ability Company is:
Principal Office Address:		Mailing Ad	dress:	
7145 San Salvador Dr		7145 San Sa	lvador Dr	
Boca Raton, FL 33433		Boca Raton,	FL 33433	
ARTICLE III - Registered A (The Limited Liability Company cannot business entity with an active Florida r The name and the Florida stre Pearl Dwel	eserve as its own Re egistration.) et address of th	egistered Agent, You m	ust designate an indivi	dual or another
	Na	ime	_ 	Ta a
7145 San Salvador Dr				AUG-9 AMID: 2 RELAKY OF STA RELAKY OF STA
Florida street address (P.O. Box NOT acce		ceptable)		
Boca Rator	ו	FL 33433		E F S T S T S T S T S T S T S T S T S T S
	City	2	Zip	ATE 317
Having been named as regis liability company at the progressered agent and agree to statutes relating to the progressions of Regist	place designated of act in this capper and comple in my position as	d in this certificate pacity. I further as te performance of	, Thereby accept gree to comply wi my duties, and L as provided for in	the appointment as th the provisions of all am familiar with and

(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 AMBR	Pearl Dwek		
	7145 San Salvador Dr		
	Boca Raton, FL 33433		
		() p	
		$\frac{1}{2}$	
		SECNET	
(Use attachment if necessary)	50.		
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ARTICLE V: Other provisions, if any.	أبيآ	OF 5	
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BEOLUNES OLON COURS			
REQUIRED SIGNATURE:			
Fear I arell			
y our your			

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.

Pearl	Dwek
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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)