L22000160884

(Requestor's Name)	
(Address)	
(Address)	
(~001633)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
•	
(Business Entity Name)	
(Busiliess Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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2022 HAR 30 AM 10: 17 SHAYE JARYSEE, FL

2022 MAR 30 AH 11: 11

RECEIVED

n. ulil



April 6, 2022

CT CORP

SUBJECT: AVENUE CODE, LLC Ref. Number: W22000042513

CORRECTED
Please Allow For Same File Date

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

You failed to make the correction(s) requested in our previous letter.

Please sure to include letter stating will not revoke the dissolution.

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.

Neysa Culligan Regulatory Specialist III

Letter Number: 322A00007658

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 03/30/2022

D	ate:	03/30/2022	- will ship
		Acc#I20160000072	4:() W
Name:	Avenue C	ode LLC	
Document #:			
Order #:	14080829		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amoun	t:\$ 150.00	

Thank you!

Avenue Code LLC. 990 Biscayne Blvd, 5th floor Miami, FL 33132

Avenue Code LLC., an inactive Florida limited liability company with Doc ID L22000024610 (the "Company"), filed articles of dissolution with the Florida Department of State on March 30, 2022. The Company has no intention of revoking the dissolution, therefore releasing the name for use by another entity, and hereby consents to Avenue Code, LLC, a California limited liability company, using the name "Avenue Code, LLC" when converting and registering with the Florida Department of State.

By: _____

Name: Amazis Solomon

Title: Manager and Authorized Representative

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED

2022 MAR 30 AM 10: 17

SECRETARY OF STATE TALLAHASSEE, FL

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: AVENUE CODE 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.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
01/11/2008 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: AVENUE CODE, 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

Doc ID: f07be5df9acd421dc711e169724c125a69b5a0

Signed this 22	day of March		20_22	<u></u>
Signature of Autho	orized Representative c	of Limite	d Lial	pility Company: Signature
of Authorized Repr	esentative;	Shop		
Printed Name: Amaz	zis Solomon		Title:	Authorized person
				ow for required signature(s)]
Signature:	Shows			
Printed Name: Ama	zis Solomon		Title:	Authorized Person
Signature: Printed Mame:	<u> </u>		Title:	
rimed rume.				
Signature:				
Printed Name:			Title:	
Signature:	<u> </u>			
Printed Name:			Title:	
Signature:				
Printed Name:			Title:	
Signature: Printed Name:			Title	
Timed Name				
If Florida Corpora			.,	
	an, Vice Chairman, Directers have not been selecter			or must sign
ii Directors of Office	ers have not occur science	d, an meo	portit	or muse sign.
	<u>Partnership or Limited</u>	<u>Liability</u>	Partn	ership:
Signature of one Ge	neral Partner.			
If Florida Limited Signatures of ALL	Partnership or Limited General Partners.	<u>Liability</u>	<u>Limit</u>	ed Partnership:
All others: Signature of an auth	orized person.			
Fees:				
Articles of C Fees for Flo Certified Co Certificate C	orida Articles of Organiz opy:	ation:		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - No. The name of the	ame: Limited Liability Company	is:	
AVENUE CODE. L		oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addr		principal office of the Limited	d Liability Company is:
Principal Office	Address:	Mailing Address:	
990 BISCAYNE BI MIAMI, FL 33132	LVD 5TH FLOOR	990 BISCAYNE BLVD 5TH MIAMI, FL 33132	FLOOR
(The Limited Liability business entity with a	Company cannot serve as its own Re in active Florida registration.) e Florida street address of the C T Corporation System Na 1200 South Pine Island Road	ime	ent's Signature: individual or another ALLAHAS SEE, FL
	Florida street address (P	P.O. Box NOT acceptable)	
	Plantation City	FL 33324 Zip	
liability con registered ager statutes relati	npany at the place designated at and agree to act in this cap ing to the proper and comple	d to accept service of process for this certificate, I hereby accounty. I further agree to complete performance of my duties, as registered agent as provided for the control of the contr	cept the appointment as ly with the provisions of al nd I am familiar with and

C T Corporation System By: /s/ Kathyrn A. Widdoes

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:			
"AMBR" = Authorized Member "MCP" = Manager				
"MGR" = Manager MGR	AMAZIS SOLOMON			
	300 BEALE ST APT 308			
	SAN FRANCISCO, CA 94105			
MGR	AMIR HOSSEIN RAZMARA			
	708 LONG BRIDGE ST APT 812			
	SAN FRANCISCO, CA 94158			
AMBR	GINA FEKRY			
	26 O'FARRELL ST STE 600			
	SAN FRANCISCO, CA 94108			
AMBR	RAGIL FERES			
	26 O'FARRELL ST STE 600			
	SAN FRANCISCO, CA 94108			
(Use attachment if necessary)				
		-1F3	20;	
ARTICLE V: Other provisions, if any.		ALI	2022 MAR	ond:
		>:-	R	¥ ;
	<u> </u>	AHASS	30	(GA)
		() () ()	=	
		m.,.	=	
REQUIRED SIGNATURE:	1		<u></u>	
	Anglio allower	120	~	

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.

Amazis Solomon

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)