

# L22000305279

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

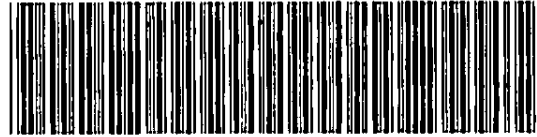
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

416

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** iX8 LLC  
\_\_\_\_\_  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

LIVIA DELGADO

\_\_\_\_\_  
(Contact Person)

LEADERASSOCIATESLLC

\_\_\_\_\_  
(Firm/Company)

6919 SW 18th STREET STE 222

\_\_\_\_\_  
(Address)

BOCA RATON, FL 33433

\_\_\_\_\_  
(City, State and Zip Code)

ldelgado@leader.associates

\_\_\_\_\_  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

LIVIA DELGADO

at (561) 560-7917

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☐ \$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

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 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:  
ix8 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 CALIFORNIA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 03/22/2017  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
ix8 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.

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STATE OF FLORIDA  
TALLAHASSEE

Signed this 17 day of JUNE 2022.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Flavio Rossini  
Printed Name: FLAVIOROSSINI Title: MGMB

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: Flavio Rossini  
Printed Name: FLAVIOROSSINI Title: MGMB

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ 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)

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR**  
**LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME**

The name of the Limited Liability Company shall be  
**iX8 LLC**

**ARTICLE II – ADDRESS**

The Principal street address of the Limited Liability Company shall be  
**150 SE 2<sup>nd</sup> AVE #300**  
**MIAMI, FL 33131**

The Mailing address of the Limited Liability Company shall be  
**SAME AS PRINCIPAL**

**ARTICLE III – REGISTERED AGENT**

The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

**LEADER ASSOCIATES, LLC**  
**6919 SW 18<sup>th</sup> STREET STE 222**  
**BOCA RATON, FL 33433**

*Having been named as Registered Agent and to accept service of process for the above Limited Liability Company at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent for in Chapter 605, F.S.*

*Leonardo Resende*

\_\_\_\_\_  
Registered Agent (Signature)

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TALLAHASSEE, FLORIDA

**ARTICLE IV – MANAGERS**

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

Name: **FLAVIO ROSSINI**

Title: **MGMB**

Address: **150 SE 2<sup>nd</sup> AVE #300**

**MIAMI, FL 33131**

**ARTICLE V – EFFECTIVE DATE**

Effective date shall be the **filling date**.

**REQUIRED SIGNATURE:**

*Flavio Rossini*

FLAVIO ROSSINI - Member or AMBR

06/18/2022

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** IX8, LLC  
**Entity No.:** 201708210414  
**Registration Date:** 03/22/2017  
**Entity Type:** Limited Liability Company - CA  
**Formed In:** CALIFORNIA  
**Status:** Active

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of June 01, 2022.

**SHIRLEY N. WEBER, PH.D.**  
Secretary of State

**Certificate No.:** 017490834

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).