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Certified Copies	_ Certificates	of Status
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June 6, 2023

#### VIA FEDERAL EXPRESS

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Re: Articles of Conversion and Articles of Organization

Our File No.: 305524

Dear Sir/Madam:

Enclosed herein please find Articles of Conversion and Articles of Organization for The Sphinx Company, LLC and our firm's check in the amount of \$180.00 for the filing fees.

We also enclose a return, pre-paid Federal Express envelope for the return of the certified copy.

Should you have any questions regarding the foregoing, please do not hesitate to contact me.

With kindest regards.

Sincerely.

THERREL BAISDEN, LLP

By: /s/Jonathan Feuerman

Jonathan Feuerman

JF/clc

Encl.

W:\Antoun, Saad and Berlanta\Correspondence\Letter to FL Dept of State re. The Sphinx Company, LLC 06-06-2023.wpd

### **COVER LETTER**

Division of C	orporations			
SUBJECT: The Sph	inx Company, LLC			
301MA1	(Name of Res	ulting Florida L	imited Con	npany)
		•		d fees are submitted to convert an "Other coordance with s. 605,1045, F.S.
Please return all corre	espondence concernin	g this matter t	0:	
Jonathan Feuerman, E	isq.			
	(Contact Person)			
Therrel Baisden, LLP				
	(Firm/Company)			
One S.E. 3rd Ave., Sui	te 2950			
	(Address)			
Miami, FL 33131				
((	City, State and Zip Code)	_	<del></del>	
antounmd@aol.com				
E-mail Address: (to b	e used for future annual re	port notification:	5)	
For further information	on concerning this ma	tter, please ca	11:	
Jonathan Feuerman		at ( <u>305</u>	371-5	5758
(Name of Conta	ict Person)		ode) (Day	time Telephone Number)
	or the following amou a bank located in the		•	sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	■\$180.00 Fil and Certified		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add				t Address:
New Filing S				Filing Section
Division of C P.O. Box 632	•			ion of Corporations Lentre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

## **Articles of Conversion**

For

## "Other Business Entity"

Into

### 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:  The Sphinx Company, 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)
12/01/2004
on 12/01/2004 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
The Sphinx Company, 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 day of	_ 20 <b>2</b> 3
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name; Saad S. Antoun	2 mour
Signature of Authorized Representative:	
Printed Name; Saad S. Antoun	Title: Manager
Signature(s) on behalf of Other Business Entity: [	
Printed Name: Saad S. Antoun	Title: Manager
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Ciaratum	
Signature:Printed Name:	Title:
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 Inc	
,	,
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	<del>,</del>
If Florida Limited Partnership or Limited Liabilit	v Limited Partnership:
Signatures of <u>ALL</u> 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

ARTICLE I - Nar	ne:		
The name of the Li	mited Liability Compa	any is:	
The Sphinx Compar	ny, LLC		
	<del></del>	Liability Company, "L.L.C.," or "LLC	.")
ARTICLE II - Ad The mailing addres		the principal office of the Lir	nited Liability Company is:
Principal Office A	ddress:	Mailing Address:	
One S.E. 3rd Ave., S	Suite 2950	One S.E. 3rd Ave., Sui	te 2950
Miami, FL 33131		Miami, FL 33131	·
The name and the l	Florida street address of Jonathan Feuerman	of the registered agent are:	_
		Name	
	One S.E. 3rd Ave., Suit	te 2950	
	Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	
	Miami	FL 33131	_
	City	Zip	
liability comp registered agent statutes relating	any at the place design and agree to act in this g to the proper and con ligations of my position	t and to accept service of procestated in this certificate. I hereby capacity. I further agree to capplete performance of my dutien as registered agent as provide Signature (REQUIRED)	v accept the appointment as omply with the provisions of all s, and I am familiar with and

(CONTINUED)

#### ARTICLE IV-

as provided for in s.817.155, F.S.

Saad S. Antoun

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Saad S. Antoun	
	One S.E. 3rd Ave., Suite 2950	
	Miami, FL 33131	
MGR	Berlanta Antoun	
	One S.E. 3rd Ave., Suite 2950	
	Miami, FL 33131	
(Use attachment if necessary)		
LE V: Other provisions, if any.		
ELE VI Offici provisions, it may.		
REQUIRED SIGNATURE:		
1/n tour		
Signature of a member or	an authorized representative of a member	
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aw	
any false information submitted in a docu	ament to the Department of State constitutes a third degree	

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)