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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section'

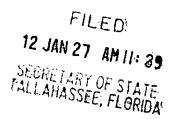
Tallahassee, FL 32301

Division of Corporations
SUBJECT: TWO BULLS INVESTMENT GROUP, LLC
(Name of Resulting Florida Limited Company)
The enclosed Certificate 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. 608.439, F.S.
Please return all correspondence concerning this matter to:
BRAD COHEN (Contact Person)
TWO RULLS INVESTMENT GROUPLLC
(Firm/Company) 239 E. NEW PORT CENTER DR., STE. 104 (Address)
DEERFIELD SEACH FL 33 442 (City, State and Zip Code)
BRAD & INSURANCE CARE DIRECT. Com E-mail address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
BRAD COHEN at (954) 205-70/0 (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
/
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$185.00 Filing Fees and Certificate of Status \$\$185.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion For

"Other Business Entity" Into

Florida Limited Liability Company



This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of
Conversion is: TWO BULLS INVESTMENT GROUP INC. (Enter Name of Other Business Entity) P12000004594
(Enter Name of Other Business Entity) 712000004594
2. The "Other Business Entity" is a <u>CoRPORATION</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of FLOKING
(Enter state, or it a non-U.S. entity, the name of the country)
on
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TWO BULLS INVESTMENT GROUP LLC. (Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: //27/2. (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 19th day of JANUA	1RY 20/2
signed this day of	201
Individual signing affirms that the facts sta constitutes a third degree felony as provide	2 1/
Signature of Member or Authorized Represe	entative: Title: Title:
this document are true. Any false informat s.817.155, F.S. [See below for required sign	
Signature:	Title:
Printed Name: ORAV COHEN	Title:
Signature:Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:Printed Name:	Title:
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
TWO BULLS (NVK)TYKNT GROUP LLC (Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," of the designation "LLC.")
(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," of the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1239 E. NEWFORT CENTERIA. SUITE 101 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442
DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures. (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: BRAD COHEN Name Nam
The name and the Florida street address of the registered agent are:
BRAD COHEN Name
Name OF OF
1239 E. NEWPORT CENTER OR. STE, 101 BM Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated 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 as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE	IV-	Mana	ger(s)	or	Managing	Mem	ber(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Mem	aber	
MGRM	BRAD COHEN 9902 EQUUS CI. BOYNTON BEACH, FL 73472	
MGRM	SETH COHEN 8962 VACHAUA DR. DELRAY BEACH, FL 33446	
(Use attachment if necessary	y)	
ARTICLE V: Effective date, if of	ther than the date of filing: //27//2. (OPTIONAL) This is a new more than 00 days of for the date this decument is filed by	
	prior to nor more than 90 days after the date this document is filed by; <u>AND</u> 2) must be the same as the effective date listed in the attached ffective date listed therein.)	
REQUIRED SIGNATURE:	. 1	
//		
Signature of a member or an authorized representative of a member.		
the penalties of perjury that the fa	108(3), Florida Statutes, the execution of this document constitutes an affirmation under acts stated herein are true. I am aware that any false information submitted in a state constitutes a third degree felony as provided for in s.817.155, F.S.)	
BRA	Typed or printed name of signee	
	Typed or printed name of signee	