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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
AULAHASSEE, FLORIDA

COVER LETTER

TATUM PROPERTIES LLC

TO: Registration Section Division of Corporations

(Address) (City, State and Zip Code) OTEMENT TEAM + AON - COM E-mail address: (to be used for future annual report notifications) For further information concerning this matter, please call: (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: (\$150.00 Filing Fees	(Name of Resulting Florida Limited Company)
SIMON OTTENEN (Contact Person) WHOLE CAE NORBOTIE 2 INC	
(Contact Person) (Firm/Company) Character Road (Firm/Company) Character Road (Address) (City, State and Zip Code) (Area Code and Daytime Telephone Number) (Satisfaction Section Status of Certificate of Status of Certific	Please return all correspondence concerning this matter to:
(Address) (City, State and Zip Code) OTEMENT TEAM + AON - COM E-mail address: (to be used for future annual report notifications) For further information concerning this matter, please call: (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: (\$150.00 Filing Fees	SIMON OTTEWELL
(Address) (City, State and Zip Code) OTEMENT TEAM + AON - COM E-mail address: (to be used for future annual report notifications) For further information concerning this matter, please call: (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: (\$150.00 Filing Fees	WHOLE CAE PROPERTIES INC - P120000 9249
(Address) (City, State and Zip Code) OTEMENT TEAM + AON - COM E-mail address: (to be used for future annual report notifications) For further information concerning this matter, please call: (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: (\$150.00 Filing Fees	8601 TATUR ROSE
E-mail address: (to be used for future annual report notifications) For further information concerning this matter, please call: (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: (\$2150.00 Filing Fees	Pront city for 23567
(Name of Contact Person) Enclosed is a check for the following amount: \$150.00 Filing Fees (\$25 for Conversion & \$155.00 Filing Fees and Certificate of Status of Organization) STREET ADDRESS: Registration Section Division of Corporations Clifton Building (Area Code and Daytime Telephone Number) (Area Code and Daytime Telephone Number) \$185.00 Filing Fees \$185.00 Filing Fees, Certified Copy, and Certificate of Status Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327	OTTEWELL TEAM & AOL. LON
Enclosed is a check for the following amount: \$150.00 Filing Fees	For further information concerning this matter, please call:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) STREET ADDRESS: Registration Section Division of Corporations Clifton Building \$155.00 Filing Fees and Certified Copy and Certified Copy, and Certificate of Status \$180.00 Filing Fees and Certified Copy, and Certificate of Status \$185.00 Filing Fees, Certified Copy, and Certificate of Status **Certificate of Status** **Certified Copy, and Certificate of Status** **Certificate of Status** **Division of Corporations Division of Corporations P. O. Box 6327	(Name of Contact Person) (Name of Contact Person) (Area Code and Daytime Telephone Number)
\$\frac{1}{25}\$ for Conversion and Certificate of &\frac{1}{25}\$ for Articles Status of Organization) \$\frac{1}{25}\$ for Articles Status of Organization Status of Organization) \$\frac{1}{25}\$ for Conversion and Certificate of Status Occitificate of St	Enclosed is a check for the following amount:
Registration Section Division of Corporations Clifton Building Registration Section Division of Corporations P. O. Box 6327	(\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status
Tallahassee, FL 32301	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle 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.

	the "Other Business Entity" immediately prior to the filing of this Certifi	cate of		
Conversion is:	WHOLESAE hoperties inc			
	(Enter Name of Other Business Entity)	10-4		
2. The "Other Bi	susiness Entity" is a	7. C.	12 0	
•	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	HASSI MASSI	0EC 19	e E
first organized, fo	formed or incorporated under the laws of France	in Ci	PH	į
	(Enter state, or if a non-U.S. entity, the name of the country)	CF STATE	1 1:5	Ţ
on	NOUS ZOIZ date "Other Business Entity" was first organized, formed or incorp	25 S	56	
(Enter	date "Other Business Entity" was first organized, formed or incorp	orated)		
which it is now o	organized, formed or incorporated:			
4. The name of to Organization:	the Florida Limited Liability Company as set forth in the attached Artic	les of		
	(Enter Name of Florida Limited Liability Company)			
(The effective da filed by the Flor	ve on the date of filing, enter the effective date: 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			e
6. The conversion	on is permitted by the applicable law(s) governing the other business enti	ty 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 day of DEC	20_\2
	resentative of Limited Liability Company: oted in this document are true. Any false information and for in s.817.155, F.S.
Signature of Member or Authorized Repress Printed Name:	Title: Office
	ntity: Individual(s) signing affirm(s) that the facts stated in ion constitutes a third degree felony as provided for in ature(s).
Signature: Printed Name: Sihan OTTENE	Title: Officer
Signature:	Title:
Signature:Printed Name:	Title:
Signature:	Title:
Signature:Printed Name:	Title:
Signature: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:

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or 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:
8601 TATUM ROAD	Shoul Tatur ROAD
Pront City	VONT CITY
Fr 33567	F 3256)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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:

Name

860: TATUM ROAF

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager	ame and Address:
"MGRM" = Managing Member	
	C
Marn	- Show OTTEWELL
	- GOO! Tarun loop
	- (var7 cut- 126)
(Use attachment if necessary)	
TICLE V: Effective date, if other that	an the date of filing:
a affective date: 1) connet be aview	(OPTIONAL) to nor more than 90 days after the date this document is filed by
	2) must be the same as the effective date listed in the attached
tificate of Conversion, if an effective	
QUIRED SIGNATURE:	
Signature of a member or an	authorized representative of a member.

Page 2 of 2

Typed or printed name of signee