(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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APR 23 2015

T. BROWN

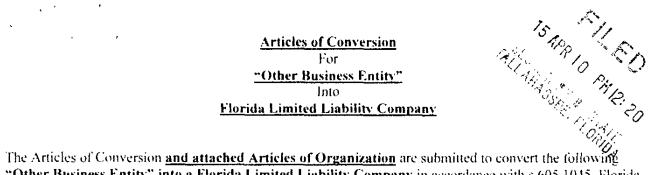
COVER LETTER

TO: Registration Division o	on Section f Corporations		2'
SUBJECT: URB	ANLABZ, LLC		
	(Name	of Resulting Florida Lit	nited Company)
			and fees are submitted to convert an "Other n accordance with s. 605.1045, F.S.
Please return all co	orrespondence concernin	g this matter to:	
IGOR ROYZIS			
	(Contact Person)		
1	(Firm/Company)		
19900 E COUN	TRY CLUB DR, APT 8	04	
	(Address)		
AVENTURA, FL			
	(City, State and Zip Code)		
iroyzis@gmail.c	om		
E-mail Address: ()	to be used for future annual re	port notifications)	
For further inform	ation concerning this ma	itter, please call:	
IGOR ROYZIS		_at (305) 9	68-8160
(Name of Co	ontact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a chec	k for the following amou	unt:	
\$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)	and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	s — D\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDR	ESS:	MAILING	G ADDRESS:
Registration Section	on	Registratio	on Section
Division of Corpo	rations		f Corporations
Clifton Building		Р. О. Вох	6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida Statutes.

(Ente	r Name of Other Business Entity)
2. The "Other Business Entity" is a	CORPORATION
•	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpora	ted under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
02/01/2013	
(date of organization, formation or inco	rporation)
3. The name of the Florida Limited	Liability Company as set forth in the attached Articles of Organization:
URBANLABZ, LLC	
(Enter Name c	f Florida Limited Liability Company)
(The effective date: 1) cannot be p date this document is filed by the l	ng, enter the effective date:
5. The plan of conversion has been a	pproved in accordance with all applicable statutes.

Signed this 27TH day of MARCH	20 <u>15</u> .
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: 172 Printed Name: IGOR ROYZIS	<i>C</i>
Signature of Authorized Representative: 250	Tid., MANAGED
Printed Name: IGON HOTZIS	Title: WANAGEN
Signature(s) on behalf of Other Business Entity:	
Signature: Now Programme	
Signature: Printed Name: IGOR ROYZIS	Title: PRESIDENT
Signature:Printed Name:	
Printed Name:	Title:
01	
Signature:Printed Name:	Tist
Printed Name:	Truc.
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	(Minne
If Directors or Officers have not been selected, an Inc	
11 Directors of Officers have not been selected, an in-	confundati must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty 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:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status	\$5 (0) (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company i	s:
URBANLABZ, LLC	
(Must end with the words "Limited Lia	hility Company "E.L.C., or "E.L.C.)
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
19900 E COUNTRY CLUB DR	19900 E COUNTRY CLUB DR
APT 804	APT 804
AVENTURA, FL 33180	AVENTURA, FL 33180
(The Limited Liability Company cannot serve as its own Reg- business entity with an active Florida registration.) The name and the Florida street address of the	
IGOR ROYZIS	
Nar	me
19900 E COUNTRY C	_UB DR, APT 804
Florida street address (P.	O. Box NOT acceptable)
AVENTURA	FI, 33180
City	Zip
	I to accept service of process for the above stated limit in this certificate, I hereby accept the appointment as

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. Thereby 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 605, F.S.

Registered Agent's Signature (REOUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	IGOR ROYZIS
	19900 E COUNTRY CLUB DR, APT 804
	AVENTURA, FL 33180
	A-14-14-14-14-14-14-14-14-14-14-14-14-14-
effective date is listed, the date must	ne date of filing: (OPTIONA t be specific and cannot be more than five business d
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any.	t be specific and cannot be more than five business d
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any.	t be specific and cannot be more than five business of
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business of
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this documentalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a member of a definition of the per am aware that any false information sonstitutes a third degree felony as proving the signature of the per am aware that any false information sonstitutes a third degree felony as proving the signature of the per am aware that any false information sonstitutes a third degree felony as proving the signature of the sig	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this documentalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-