1/5000/10895

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Deaument Mumber)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Carlos GAVE
AUTHORIZATION BY PHONE TO
CORRECT Clark of organization
DATE_ 7/1/15.
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Office Use Only



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SECRETARY OF STATE



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COVER LETTER

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SHR	JECT:	THE	BUSINESS	OF AKT	LLC	
DUD.	JDC1		ne of Resulting			
					d fees are submitted to ecordance with s. 605.	
Pleas	se return all corr	espondence concerr	ning this matte	er to:		
	ALEX	SLATO				
		(Contact Person)		····-		
	THE P	susiness of a	IKT			
		(Firm/Company)				
	80	or um st				
		(Address)				
	М	TAMI BEACH	FL 37	3139		
		City, State and Zip Cod		<u>, , , , , , , , , , , , , , , , , , , </u>		
	ALEX	LATOE GMAIL	COM			
E-	<u>`</u>	pe used for future annua		ions)		
For f	urther informati	on concerning this	matter, please	call:		
	CAKLOS LI	ZAWYAL DE	at (30	()	737 17-89 time Telephone Number)	
	(Name of Conta	act Person)	(Area	(Day	time Telephone Number)	
Encl	osed is a check	for the following an	nount:	•		
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	2\$155.00 Filing Fee and Certificate of Status	es ☐\$180.00 and Certif) Filing Fees ied Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	EET ADDRES			MAILING A		
_	stration Section			Registration S		
	sion of Corpora on Building	uons		Division of C P. O. Box 63:	-	
	Executive Cen	ter Circle		Callahassee, 1		

Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

APPLOVE, FILED

15 JUN 26 PM 12: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 INVINESS OF ANT LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILIT 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
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
THE MUSINESS OF AFT LLL
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date 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.)
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



Signed this 27rd day of JUNE	20_15	:		DVET
Signature of Authorized Representative of Limit	ted Liabili	ty Company:	15 JUN 26	PM 12: 52
Simulations of Authorized Romanountations	71	PHECIDEN		
Signature(s) on behalf of Other Business Entity: [See below t	for required sig	gnature(s)	
Signature: Printed Name: ALEX (LATO	_ Title:	PRESIDER	/ T	
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 of Directors or Officers have not been selected, an Indiana.		nust sign.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partners	hip:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited	<u>Partnership:</u>		
All others: Signature of an authorized person.				
Fces:				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (O			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			· .	
(Must end with the words "Limited Liabil	OF AMT LLC	 .		
(Mass and with the words Elittled Liable	my Company, E.E.C., or E.C.	, •	٠,	٠.
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Lia	bility Co	mpany	is:
Principal Office Address:	Mailing Address:			
801 4m (+			٠	
MIAMI BEACH TL 77179				
				
	lings Incorporated ine Island Road D. Box NOT acceptable)	LAHASSEE FL	15 JUN 26 PM	
Plantation City	FL 33324 Zip	SHA	12:52	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby accept the ity. I further agree to comply with performance of my duties, and I as gistered agent as provided for in C	he appoin the pro In familio Chapter (ntment o visions ur with o	as of al and
Jen () usen Registered Agent's Sign	Assistant Secreta nature (REQUIRED)	ry.		· ·
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(CONTINUED)

Title:	Name and Address:	15 JUN 26 PH I
"AMBR" = Authorized Member "MGR" = Manager	Alti Clato us	SECRETARY OF S WAGEVEALLAHASSEE, FLO
	BOI YM (+	WAGEYERLANASSEE. FLO
		- 33179
		·
		
		
effective date is listed, the date mus	he date of filing:st be specific and cannot be more tha	
CLE V: Effective date, if other than t effective date is listed, the date mus 90 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State	st be specific and cannot be more than et the applicable statutory filing requirements, t	n five business days prior
CLE V: Effective date, if other than t effective date is listed, the date mus 90 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State	st be specific and cannot be more than et the applicable statutory filing requirements, t	n five business days prior
CLE V: Effective date, if other than t effective date is listed, the date mus 90 days after the date of filing.)	st be specific and cannot be more than et the applicable statutory filing requirements, t	n five business days prior
CLE V: Effective date, if other than teffective date is listed, the date muse 90 days after the date of filing.) If the date inserted in this block does not meetent's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 onstitutes an affirmation under the personner.)	per or an authorized representative of the statutory filing requirements, the statutory filing requirements and statutory filing requirements, the statutory filing requirements and s	f a member. If this document erein are true.
CLE V: Effective date, if other than the effective date is listed, the date must go days after the date of filing.) If the date inserted in this block does not meetent's effective date on the Department of State of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a member of the section 605.020 onstitutes an affirmation under the perameter and affirmation of the perameter of the section of the perameter of the p	per or an authorized representative of the statutory filing requirements, the statutory filing requirements and statutory filing requirements, the statutory filing requirements and s	f a member. If this document erein are true.