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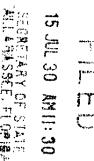
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:	Registration S Division of Co					
CHIDI		eration Motors, LLC				
SUBJ	ECT:	(Name	of Resulting Florid	a Limite	ed Company)	
					nd fees are submitted to convert an "Otho coordance with s. 605.1045, F.S.	r
Please	return all corre	espondence concerning	g this matter to:			
Majid	Raffoul					
		(Contact Person)				
NewG	en Motors					
		(Firm/Company)		_		
4141 (Causeway Blvd.					
		(Address)		_		
Tampa	, FL 33619					
	(0	City, State and Zip Code)		-		
maraff	oul@gmail.com					
E-n	nail Address: (to be	e used for future annual re	port notifications)	_		
For fu	rther information	on concerning this ma	tter, please call:			
Majid	Raffoul		_at (⁸¹³) ⁴⁰⁴⁻⁴	4492	
	(Name of Contact	ct Person)	(Area Code) (Day	ytime Telephone Number)	
Enclo	sed is a check for	or the following amou	int:			
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regist Divisi Clifto 2661	tration Section on of Corporati n Building Executive Center	ons er Circle	Regist Divisio P. O. I	ration S on of C Box 632	ADDRESS: Section Corporations 27 FL 32314	

INHS11 (06/15)

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.

New Generation Motors, Inc.	•
	(Enter 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 inco	orporated under the laws of State of Florida
July 13, 2015	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation	or incorporation)
3. The name of the Florida Lin New Generation Motors, LLC	nited Liability Company as set forth in the attached Articles of Organization:
(Enter !	Name of Florida Limited Liability Company)
(The effective date: 1) cannot date this document is filed by date listed in the attached Ar Note: If the date inserted in this bloc document's effective date on the Dep	of filing, enter the effective date: July 27, 2015 t be prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; AND 2) must be the same as the effective ticles of Organization, if an effective date is listed therein.) the does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records. Deen approved in accordance with all applicable statutes.

Page 1 of 2

SECRETARY OF STATE

Signed this 27th day of July	20 15 .
Signature of Authorized Representative of Limit	C// Company:
Signature of Authorized Representative: Printed Name: Anna Raffoul	Trile: CFOO/VP/Secretary/Treasurer
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)
Signature:	
Printed Name: Mant Raffoul	Title: CEO/President
Signature Affail	
Printed Name: Anna Raffour	Title: CFOO/VP/Secretary/Treasurer
Timed Name, runs Namely	Title. Crook troopeday reading
Signature:	·
	Title:
Signature:	
Printed Name: N/A	Title:
Circumstance.	
Signature:Printed Name; N/A	Title
rimed Name, 1975	Title.
Signature:	
Printed Name: N/A	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	
If Directors or Officers have not been selected, an Inco	orporator must sign.
If Florida General Partnership or Limited Liability	y Partnership;
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
Fces:	

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

Page 2 of 2

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company, "L.L.C.," or "LLC.") cipal office of the Limited Liability Company is: Mailing Address: 8605 Vivian Bass Way Odessa, FL 33556 Office, & Registered Agent's Signature: d Agent. You must designate an individual or another istered agent are:
Mailing Address: 8605 Vivian Bass Way Odessa, FL 33556 Office, & Registered Agent's Signature: d Agent. You must designate an individual or another
Mailing Address: 8605 Vivian Bass Way Odessa, FL 33556 Office, & Registered Agent's Signature: d Agent. You must designate an individual or another
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Odessa, FL 33556 Office, & Registered Agent's Signature: d Agent. You must designate an individual or another
Office, & Registered Agent's Signature: d Agent. You must designate an individual or another
d Agent. You must designate an individual or another
ox NOT acceptable)
FI. 33556
Zip
ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S The (REQUIRED)

Company:	·	•
Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Majid A. Raffoul, Sr.	
	8605 Vivian Bass Way	
	Odessa, FL 33556	
AMBR	Anna V. Raffoul	
	8605 Vivian Bass Way	
	Odessa, FL 33556	
effective date is listed, the date must 00 days after the date of filing.)	the date of filing: July 27, 2015 be specific and cannot be more than the applicable statutory filing requirements, th	five business days
ent's effective date on the Department of State		13 date will not be fister
·		進品 ず
CLE VI: Other provisions, if any.		
		<u>နို့ အ</u>
		<i>:</i> 11 - <
REQUIRED SIGNATURE: M	Id Addlet	
(1/4)	11 Whl.	±≥ ω
I am aware that any false infor	er or an authorized representative of accordance with section 605.0203 (1) (b), Florid nation submitted in a document to the Departmy as provided for in s.817.155, F.S.	da Statutes.
Majid A. Raffoul, Sr.		
	ped or printed name of signee	
••	Filing Foot	

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

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)
Page 2 of 2