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(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(D.	ninna Futitu kini	
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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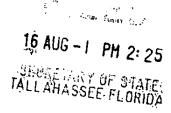
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COVER LETTER

TO:	Registration S Division of C				
		•			
SUBJ	JECT: Moses Ma	(Name	of Resulting Florida	Limited	d Company)
		•	J		• •
			_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to:		
Garry	Moses				
		(Contact Person)			
Moses	Management				
		(Firm/Company)			
47111	Bayview Drive				
		(Address)			
Fort L	auderdale, Florida,	33308			
	((City, State and Zip Code)			
garryn	nmoses@gmail.cor	n			
E-1	mail Address: (to b	e used for future annual re	port notifications)		
For fi	urther information	on concerning this ma	tter, please call:		
Garry	Moses		at (⁹⁵⁴	298-9	819
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
Enclo	osed is a check f	or the following amou	ınt:		
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles panization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STR	EET ADDRES	S:	MAILI	NG A	ADDRESS:
_	stration Section	_	Registra		
	ion of Corporat	ions			Corporations
	on Building Executive Cent	er Circle	P. O. Be		27 FL 32314
	hassee, FL 323		i anana:	, 100, 1	10 32317

[NHS11 (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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion Moses Management Inc. P16-28480	is:
(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 incorporated under the laws of [Florida] (Enter state, or if a non-U.S. entity, the name of the country)	
March 31st, 2016 (Enter state, or if a non-U.S. entity, the name of the country on	')
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiza	ition:
Moses Management LLC	
(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 to 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 a document's effective date on the Department of State's records.	ective
5. The plan of conversion has been approved in accordance with all applicable statutes.	

Page 1 of 2

Signed this 29th day of July	20 16 .
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Printed Name: Garry Moses	and the
Signature of Authorized Representative:	Tid Basidant
Printed Name: Garry Moses	Intle: President
Signature(s) on behalf of Other Business Entity: Signature: Printed Name: Inc. Moses	See below for required signature(s)]
Signature:	
Printed Name: Ihez-Moses	_ Title: VP
Signatura	
Signature:Printed Name:	Title:
Timod Name.	
Signature:	
Printed Name:	
Signature:	
Printed Name:	_ Title:
Cimatura	
Signature:Printed Name:	Title:
Timed Name.	
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Moses Management I		:12: G #1.02 #110D	
(M	lust end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
The mailing addre	ess and street address of th	e principal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	
4711 Bayview Drive		4711 Bayview Drive	
Fort Lauderdale, Flor	ida 33308	Fort Lauderdale, Florida 33308	
•	active Florida registration.) Florida street address of t	he registered agent are:	
	Garry Moses		6 A UG
		ame	AUG - 1
		lame	AUG-1
	N 4711 Bayview Drive	P.O. Box <u>NOT</u> acceptable)	AUG-1
	N 4711 Bayview Drive		AUG-1
	N 4711 Bayview Drive Florida street address (P.O. Box NOT acceptable)	AUG - 1 PH 2: 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager AMBR Garry Mo 4711 Bay Florida, AMBR Inez Mos	view Drive, Fort Lauderdale 33308 S view Drive, Fort Lauderdale	-
"MGR" = Manager AMBR Garry Mo 4711 Bay Florida, Inez Mos 4711 Bay Florida, Gravy Mo 4711 Bay Florida, (Use attachment if necessary)	view Drive, Fort Lauderdale 33308 S view Drive, Fort Lauderdale	- - - -
AMBR Garry Mo 4711 Bay Florida, Inez Mos 4711 Bay Florida, Inez Mos 4711 Bay Florida, (Use attachment if necessary)	view Drive, Fort Lauderdale 33308 S view Drive, Fort Lauderdale	- - - -
AMBR Inez Moss 4711 Bay Florida, 4711 Bay Florida, 4711 Bay Florida, (Use attachment if necessary)	view Drive, Fort Lauderdale 33308 S view Drive, Fort Lauderdale	- - -
AMBR Inez Mos 4711 Bay Florida, (Use attachment if necessary)	33308 s view Drive, Fort Lauderdale	· · · · · · · · · · · · · · · · · · ·
AMBR Inez Mos 4711 Bay Florida, (Use attachment if necessary)	s view Drive, Fort Lauderdale	- - -
(Use attachment if necessary)	view Drive, Fort Lauderdale	- - -
(Use attachment if necessary)	view Drive, Fort Lauderdale	- - -
(Use attachment if necessary)		- - -
(Use attachment if necessary)	33308	
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effective date is listed, the date must be specific at 20 days after the date of filing.) If the date inserted in this block does not meet the applicable stent's effective date on the Department of State's records.		
CLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	SEC.	10
REQUIRED SIGNATURE:	TALL AF	1.6 AUC
REQUIRED SIGNATURE:	TALLAHAS ALLAHAS	16 AUG -
	rized representative of a member	16 AUG - 1
Signature of a member or an author	rized representative of a member.	
Signature of a member or an author This document is executed in accordance with s	ection 605.0203 (1) (b), Florida Statutes	PM
Signature of a member or an author	ection 605.0203 (1) (b), Florida Statutes: in a document to the Department of State	PM
Signature of a member or an author This document is executed in accordance with a lam aware that any false information submitted	ection 605.0203 (1) (b), Florida Statutes: in a document to the Department of State	PM 2:
Signature of a member or an author This document is executed in accordance with a lam aware that any false information submitted	ection 605.0203 (1) (b), Florida Statutes: in a document to the Department of State	PM

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

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)