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(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL.
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(Document Number)		
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

-: : :

T 02/23/17

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: EXCURSION	HST LLC			
		of Resulting Florida Li	mited	Company)
				I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspo	ondence concerning	g this matter to:		
Julia Greenberg-Aguilar				
((Contact Person)	<u> </u>		
MyUSAcorporation.com				
(1	irm/Company)			
I Radisson Plaza, Suite 800				
	(Address)			
New Rochelle, NY 10801				
(City,	State and Zip Code)			
norman@excursionist.com	,			
E-mail Address: (to be use	ed for future annual re	port notifications)		
For further information a	anaumina this ma	ttan mlanga anlli		
For further information of	oncerning uns ma	tter, piease can.		
Julia Greenberg-Aguilar		_at (877)_		2677
(Name of Contact Po	erson)	(Area Code)	(Dayt	ime Telephone Number)
Enclosed is a check for the	he following amou	nt:		
(\$25 for Conversion and	\$155.00 Filing Fees d Certificate of atus	\$180.00 Filing Fe and Certified Copy	es	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILIN	G A	DDRESS:
Registration Section		Registrati		
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327		
2661 Executive Center C	Circle	Tallahasse		

Tallahassee, FL 32301

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 Busine EXCURSIONIST LLC	ss Entity" immediately prior to the filing of the Articles of Conversion is:
(Ei	ter Name of Other Business Entity)
2. The "Other Business Entity" is	Limited Liability Company
•	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpo	rated under the laws of
9/24/2010	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or in	corporation)
3. The name of the Florida Limite EXCURSIONIST LLC	d Liability Company as set forth in the attached Articles of Organization:
(Enter Name	of Florida Limited Liability Company)
	ling, enter the effective date: prior to date of receipt or filed date nor more than 90 days after the
date this document is filed by the date listed in the attached Article	e Florida Department of State; <u>AND</u> 2) must be the same as the effective es of Organization, if an effective date is listed therein.) es not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been	approved in accordance with all applicable statutes.

Page 1 of 2

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SECRETARY OF STATE

Signed this 9th	_ day of February	20_17	
Signature of Author	ized Representative of	Limited Liability Company:	
Signature of Authoriz Printed Name: Norman	zed Representative: Aynbinder	Title: Member	
		tity: See below for required sig	gnature(s)
Signature: Mee			
Printed Name: Norman	Aynbinder	Title: Member	
Signature:			
Printed Name:		Tîtle:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
	i, Vice Chairman, Direct	or, or Officer. an Incorporator must sign.	
If Florida General Pa Signature of one Gene	artnership or Limited L ral Partner.	iability Partnership:	
If Florida Limited Pa Signatures of ALL Ge	rtnership or Limited L neral Partners.	iability Limited Partnership:	
All others: Signature of an author	ized person.		
Fees:			
Articles of Co	nversion:	\$25.00	

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: TAHASSEE FLORIN

\$125.00

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•		
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
EXCURSIONIST LLC		
(Must end with the words "Limited Liability	ly Company, "L.L.C.," or "LLC.	
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
Triicipal Office Address.	Walling Address.	
7201 NE 4th Avenue, Ste.102	7201 NE 4th Avenue, Stc.102	
Miami, FL 33138	Miami, FL 33138	
	<u> </u>	
ARTICLE III - Registered Agent, Registered		
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate a	in maiyiduai or another
The name and the Florida street address of the re	egistered agent are:	
Norman Aynbinder		
Name		
7201 NE 4th Avenue, Ste.102		
Florida street address (P.O.	Box NOT acceptable)	
Miami	FL 33138	
City	Zip	
City	Σμ	
Having been named as registered agent and to	accept service of process	s for the above stated limited
liability company at the place designated in		•
registered agent and agree to act in this capaci	ty. I further agree to con	iply with the provisions of all
statutes relating to the proper and complete p	erformance of my duties,	and I am familiar with and
accept the obligations of my position as reg	istered agent as provided	for in Chapter 605, F.S
4		
Mue		
Registered Agent's Sign	ature (REOHIRED)	-
Registered Agent's orgi	mane (NOQONOD)	
		$oldsymbol{ar{A}}_{\mathbf{c},\gamma}$
(CONTINI	UED)	E 2

Page 1 of 2

17 FEB 22 AM II: 46
SECRE LARLY OF SIAIE
TALLAHASSEE FEBRUE

ARTICLE IV-

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

<u>Title:</u>	Name and Address:		
"AMBR" = Λ uthorized Memb	per		
"MGR" = Manager			
AMBR	Norman Aynbinder	_	
	2301 COLLINS AVENUE #840	_	
	MIAMI, FL 33139	_	
AN4DB	(2) (3)		
AMBR	Elan Nissenboin	_	
	2301 COLLINS AVENUE #840	_	
	MIAMI, FL 33139	_	
AMBR	Alexander Greenbaum		
	261 W 28TH ST #7A	-	
	NEW YORK, NY 10001	_	
	TIET TORKENT HOUT	-	
		_	
		-	
		-	
(Use attachment if necessary)			
(out and milen it necessary)			
o or 90 days after the date of filing.)		•	•
			- -
REQUIRED SIGNATURE:	Mue	17	
This document is exect I am aware that any fals	nember or an authorized representative of a member	FE8 2	
constitutes a third degre	e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.	22 AM	
constitutes a third degre Norman Aynbinde	the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.	22 AM 11:46	

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