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(Requestor's	s Name)	
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COVER LETTER

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	iling Section on of Corporations	
SUBJECT: A	stri II, LLC	
		me of Resulting Florida Limited Company)
The enclosed A Business Entit	Articles of Conversion y" into a "Florida Lin	n, Articles of Organization, and fees are submitted to convert an "Othe nited Liability Company" in accordance with s. 605.1045, F.S.
Please return a	Il correspondence co	ncerning this matter to:
Frank C. Miranda	a, Esquire	
	(Contact Perso	n)
Frank Charles Mi	randa, P.A.	
	(Firm/Compan	y)
3226 W. Cypress	Street	
	(Address)	
Tampa, FL 3360	7	
	(City, State and Zip	Code)
fred@vigo-alessi.		
E-mail Addres	ss: (to be used for future a	innual report notifications)
For further info	ormation concerning	his matter, please call:
Frank C. Miranda		at (813).254-2637
(Name o	f Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a cl dollars and draw	neck for the following wn on a bank located	g amount: (All checks processed by this office must be payable in US in the United States)
\$150.00 Filing (\$25 for Conversion & \$125 for Article of Organization)	n and Certificate o	
STREET ADD New Filing Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	tion porations 3 Center Circle	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.

Astri II Corp POLO — © 160 (Enter Name of	f Other Business Entity)
2. The "Other Business Entity" is a Corporati	
(Enter entity type. Example: corporat	ion, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under	er the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
•	(Enter state, or if a non-U.S. entity, the name of the country)
3/9/2011	
on	·)
	Limited Liability Company)
4. If not effective on the date of filing, enter	the effective date:
4. If not effective on the date of filing, enter. The effective date: 1) cannot be prior to dafter the date this document is filed by the effective date listed in the attached Articles. If the date inserted in this block does not meet to	the effective date: date of receipt or filed date nor more than 90 calendar days Florida Department of State; AND 2) must be the same as the sof Organization, if an effective date is listed therein.) the applicable statutory filing requirements, this date will not be listed as the
4. If not effective on the date of filing, enter (The effective date: 1) cannot be prior to dater the date this document is filed by the effective date listed in the attached Articles.	the effective date: date of receipt or filed date nor more than 90 calendar days Florida Department of State; AND 2) must be the same as the s of Organization, if an effective date is listed therein.) the applicable statutory filing requirements, this date will not be listed as the s records.

Signed this lst day of July	20 17
Signature of Authorized Representative of Li	mited Ligibility Company:
Signature of Authorized Representative: Printed Name: Fred Alessi	
Signature(s) on behalf of Other Business Entity	[See below for required signature(s)]
Signature: New Market Printed Name: Fred Alessi	Punkt
Printed Name: Fred Alessi	Title: AMBR
Signature:	
Printed Name: Astrid Alessi	Title: AMBR
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 If Directors or Officers have not been selected, an In	Officer. ncorporator must sign.
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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. . .

ARTICLE I - Name:	
The name of the Limited Liability Con	ipany is:
Astri II, LLC	
(Must contain the words "Lim	ted Liability Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
4701 W. Comanche Avenue	4701 W. Comanche
Tampa, FL 33609	Tampa, FL 33609
business entity with an active Florida registration.) The name and the Florida street address	of the registered agent are:
Frank C. Miranda, Esqu	ire
	Name
3226 W. Cypress Street	
	ss (P.O. Box NOT acceptable)
Tampa	FL 33607
City	Zip
registered agent and agree to act in this statutes relating to the proper and each	I and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment a capacity. I further agree to comply with the provisions of applete performance of my duties, and I am familiar with a capacity agent as provided for in Chapter 605, F.S.
Registered Agent	's S gnature (REQUIRED)
	. \ ⊋
(CO	NTINUED)
	9: 59 9: 59

ARTICLE IV-

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

<u>litle:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Fred Alessi		
	4701 W. Comanche Avenue	_	
	Tampa, FL 33609	_	
AMBR	Astrid Alessi		
	4701 W. Comanche Avenue		
	Tampa, FL 33609		
		_	
		_	
		_	
		_	
(Use attachment if necessary)			
90 days after the date of filing.)	nust be specific and cannot be more than five business the applicable statutory filing requirements, this date will retail a records.	•	-
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	7-		
DEOLUDED CICNATURE		. 	ز
REQUIRED SIGNATURE:		5:5	رآ:
REQUIRED SIGNATURE:	Malla Be	. .	:
	Mel Ala	9: 59	
Signature of a men This document is executed I am aware that any false inf	nber or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.	9: 59	
Signature of a men This document is executed I am aware that any false inf	in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.	9: 59	
Signature of a mem This document is executed I am aware that any false inf constitutes a third degree fel	nber or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State	9: 59	(5)

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