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SECRETARY OF STATE TALLAHASSEE, FLORIDA

INC.	236 F	East 6th Avenue. Tallahassee, Florida 32303 7066) ~ (850) 222-2666 or (800) 969-1666	. Fax (850) 222-1666
	PICK UP:	WALK IN 8/30	
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Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605,1045, Florida Statutes.

<u>S</u>	UVICHE INTERNATIONAL, INC. (Enter Name of Other Business hatty) 11 0000000000000000000000000000000000
	The "Other Business Entity" is a CORPORATION (Enter entity type Example: corporation, limited partnership.
-	(Enter entity type—Example: corporation, limited partnership, general partnership, common law or husiness trust, etc.)
Fi	est organized, formed or incorporated under the laws of FLORIDA (Enter state, se if a non-U.S. entity, the name of the country)
00	09/12/2011 (Enter state, se if a non-U.S. entity, the name of the country)
.,,,	09/12/2011 (date of organization, formation or incorporation)
3	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Si	JVICHE INTERNATIONAL, LLC
	(Enter Name of Florida Limited Liability Company)
(T	If not effective on the date of filing, enter the effective date: he effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the te this document is filed by the Florida Department of State; AND 2) must be the same as the effective te listed in the attached Articles of Organization, if an effective date is listed therein.)
	ie listed in the attached Afficies of Organization, if an effective date is listed therein.)

Page 1 of 2

Signed this 30th day of August	20.17
Signed this day of	
Signature of Authorized Representative of Lin	tited Liability Company:
Signature of Authorized Representative: Printed Name: Leslie Atan Rozencwaig, Esq.	Tirle: Attorney
Signature: Entire:	
Printed Name: Aliosha Stern	Title: President
Printed Name: Augstra Stern	11110 110309011
Signature:	
Signature: Printed Name:	Title.
Signature:	
Printed Name:	Inte:
e' .	
Signature. Printed Name.	Title
ribited (valife.	
Signature:	
SignaturePrinted Name	Tute:
Signature	
Printed Name.	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir	
If Florida General Partnership or Limited Liabit Signature of one General Partner.	ity Partnership;
If Florida Limited Partnership of Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:
All others: Signature of an authorized person.	
Eccs:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	• - : :
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
SUVICHE INTERNATIONAL LLC	
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2175 NW 24TH AVENUE	2175 NW 24TH AVENUE
MIAMI, FLORIDA 33142	MIAMI, FLORIDA 33142
WWW. FESTERS TO STATE	MINIMI, 1 ESTABATOS 1 1E
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
ROZENCWAIG & NADEL	HP
Name	
301 W. HALLANDALE BE	
Florida street address (P.O.	
HALLANDALE BEACH	<u>FL 33009</u> Zip
City	Zip
	accept service of process for the above stated limited
	this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of al
	erformance of my duties, and I am familiar with and
accept the obligations of my position as regi	istered agent as provided for in Chapter 605, F.S
Jake alan	
Kegistered Agent's Signa	iture (REQUIRED)

(CONTINUED)

Page 1 of 2



<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	ALIOCHA STEDNI
MGR	ALIOSHA STERN 2175 NW 24TH AVENUE
	MIAMI, FLORIDA 33142
MGR	ANDREI STERN
	2175 NW 24TH AVENUE
	MIAMI, FLORIDA 33142
(Use attachment if necessary) ICLE V: Effective date, if other than to	the date of filing: . (OPTIONAL
ICLE V: Effective date, if other than t	the date of filing: (OPTIONAl st be specific and cannot be more than five business da
ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any.	st be specific and cannot be more than five business da
ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any.	st be specific and cannot be more than five business da
ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State
ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true, submitted in a document to the Department of State ovided for in s.817.155, F.S.)

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)