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| (Reque | estor's Name) | |
|------------------------------|---------------|-------------|
| (Addre | ess) | |
| (Addre | ess) | |
| (City/S | tate/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Busin | ess Entity Na | me) |
| (Docui | ment Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fili | ng Officer: | |
| | | |
| | | |
| | 4. <i>c</i> — | |
| W1-711 | <i>σ</i> 2 | |

Office Use Only

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COVER LETTER

New Filing Section **Division of Corporations**

SUBJECT:

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

JASON O. WEBSTEP.

(Contact Person)

(Firm/Company)

151 NOPTH NOB HOLL PD SUPTE 389

(Address)

FORT LAUDER DALE, FL, 33324

(City, State and Zip Code)

INHOW CAPITAL THIPPET, COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

JASON O. WEBSTER

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)

□\$155.00 Filing Fees and Certificate of Status

□\$180.00 Filing Fees and Certified Copy

\$185.00 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

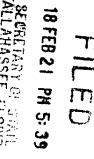
Florida Limited Liability Company

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

| CAPETAL THEFTY THREE INC. HTCCCCOPG256 |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a COP-POP-ATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of FLORADA (Enter state, or if a non-U.S. entity, the name of the country) |
| on 12.5.2017 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| CADITIFAL THIRDTY THREE LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: DATE OF FILING (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. |

| Signed this day of | <u>18 .</u> |
|--|--|
| Signature of Authorized Representative of Limited L | <u> </u> |
| Signature of Authorized Representative: Printed Name: TASON D. WEBSTER Tit | le: OWNER |
| Signature(s) on behalf of Other Business Entity: [See b | pelow for required signature(s)] |
| Signature: Printed Name PSON D. WEBSTER Tit | le: OWNER |
| Signature: ANTOINETTE SAPETON Tit | le: OWNER- |
| Signature: Tit | |
| | |
| Signature: Tit | tle: |
| Signature: Tit | tle: |
| Signature: | |
| Printed Name: Tit | ile: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Offic If Directors or Officers have not been selected, an Incorpo | |
| If Florida General Partnership or Limited Liability Pa Signature of one General Partner. | rtnership: |
| If Florida Limited Partnership or Limited Liability List Signatures of <u>ALL</u> General Partners. | mited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Fees for Florida Articles of Organization: \$12 Certified Copy: \$30 | 5.00 25.00 0.00 (Optional) .00 (Optional) |



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| CAPITAL | THERTY THREE | uc. | |
|---|-------------------------------------|-----------------------------|--------------------------|
| (Must conta | in the words "Limited Liability Con | npany, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address The mailing address and | : street address of the princip | pal office of the Limite | ed Liability Company is: |

| 151 NORTH NOBHEL PD | ISI NOPTH NOB HELL PD |
|---------------------------|---------------------------|
| SUITE 339 | SULTE 339 |
| FORT LAUDERDALE, FL 33324 | FORT LAUDERDALE, FL 33324 |

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Principal Office Address:

The name of the Limited Liability Company is:

Name

ISI NOPTH NOB HULL PD. SLUTTE 389

Florida street address (P.O. Box NOT acceptable)

FORT LAUDER-DALE FL 33824

City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 FEB 21 PH 5: 39
SECRETARY OF START

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Men | |
| "MGR" = Manager MGP | JASON O. WEBSTER |
| MUF | ISI NORTH NOBHELL P.D. SYLLTI |
| | FORT LAUDER DALE, FL 33324 |
| MGP | ANTOCHIETTE SAPPLETON |
| | 151 NOPHH NOBHELL DD. SILTE. |
| | FORT CHUDERDALE, FL 33324 |
| MGP | MELTSSA LIEWELLYN |
| | 1920 WETH AYE |
| | DHELADELPHITA, PA 19143 |
| MGR | MAHDE ALSTON |
| | 1920 68th AVE |
| | |
| | PHILADELPHIA, PA 19143 |
| (Use attachment if necessary | |
| | y) |
| This document is executed in a | nber or an authorized representative of a member |
| LE V: Other provisions, if ar REQUIRED SIGNATURE Signature of a mer This document is executed in a | nber or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that I in a document to the Department of State constitutes a third degree felony |
| REQUIRED SIGNATURE Signature of a mer This document is executed in a any false information submitted | nber or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that I in a document to the Department of State constitutes a third degree felony S. |
| REQUIRED SIGNATURE Signature of a mer This document is executed in a any false information submitted as provided for in s.817.155, F. | mber or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that in a document to the Department of State constitutes a third degree felony S. NO. WEBSTEP Typed or printed name of signee |
| REQUIRED SIGNATURE Signature of a mer This document is executed in a any false information submitted as provided for in s.817.155. F. | nber or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that in a document to the Department of State constitutes a third degree felony S. NOWEBSTEP Typed or printed name of signee Filing Fees |
| REQUIRED SIGNATURE Signature of a mer This document is executed in a any false information submitted as provided for in s.817.155. F. | nber or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that in a document to the Department of State constitutes a third degree felony S. Now Debster Typed or printed name of signee Filing Fees Articles of Organization and Designation of Registred Age (Optional) \$ 5.00 Certificate of Status (Optional) |
| REQUIRED SIGNATURE Signature of a mer This document is executed in a any false information submitted as provided for in s.817.155. F. | nber or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that I in a document to the Department of State constitutes a third degree felony S. NO. WEBSTEP Typed or printed name of signee Filing Fees Articles of Organization and Designation of Registered Age (Optional) \$ 5.00 Certificate of Status (Optional) |
| REQUIRED SIGNATURE Signature of a mer This document is executed in a any false information submitted as provided for in s.817.155. F. | nber or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that in a document to the Department of State constitutes a third degree felony S. Now Debster Typed or printed name of signee Filing Fees Articles of Organization and Designation of Registred Age (Optional) \$ 5.00 Certificate of Status (Optional) |

ARTICLE IV-