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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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D O'KEEFE MAR 01 2018 SECRETARY OF STATE TALLAHASSEE, FLORID

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FLORIDA DEPARTMENT OF STATE Division of Corporations



February 9, 2018

MELISSA RODRIGUEZ THE BERNSTEIN LAW FIRM 3050 BISCAYNE BLVD. STE. 403 MIAMI, FL 33137

SUBJECT: BAGEL WAY LLC Ref. Number: W18000013226

We have received your document for BAGEL WAY LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 018A00002788

DANIEL L O'KEEFE Regulatory Specialist II

www.sunbiz.org

TO:	New Filing S Division of C				
SHR	JECT: BAGELY	,			
SOD	<u></u>	(Name of Re	sulting Florida Limit	ed Cor	mpany)
					nd fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Pleas	e return all com	espondence concernin	g this matter to:		
MELI	SSA RODRIGUE	Z			
		(Contact Person)			
THE	BERNSTEIN LAV				
20.50		(Firm/Company)			
3050 I	BISCAYNE BOUL	LEVARD SUITE 403			
		(Address)			
MIAN	II, FLORIDQ 331				
MELL		City, State and Zip Code) N-LAWFIRM.COM			
		be used for future annual re	nort potifications)		
For It	irther informati	on concerning this ma	tter, please call:		
MELI	SSA RÓDRIGUE:		at (<u></u>) <u>672-9</u>	544
	(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
(\$25 fd & \$12;	60,00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop		<u>~</u>
STRI	EET ADDRES	S:	MAILI	NG A	ADDRESS:
	Filing Section		New Fi	ling S	ection
	ion of Corporat n Building	ions	Division P. O. Bo		Corporations
	n Bunding Executive Cent	er Circle			FL 32314

Tallahassee, FL 32301

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: BAGELWAY INC.
(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.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
MAY 9, 2017 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: BAGELWAY LLC
(Enter Name of Florida Limited Liability Company)
 4. If not effective on the date of filing, enter the effective date:
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 26	day of JANUARY	20_18
Signature of Au	thorized Representative of Lim	nited Liability Company:
Signature of Auth Printed Name: AU	horized Representative:	Title: PRESIDENT
Signature(s) on I	ochalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Mame: CH	IALMAI, HAZAN	Title: MANAGER
Signature:	URELIA BEN TOV	Title: MANAGER
		Title:
Printed Name:		Title:
Signature: Printed Name:		Title:
If Florida Corpe Signature of Cha If Directors or O	oration: irman, Vice Chairman, Director, o fficers have not been selected, an I	r Officer. ncorporator must sign.
If Florida General Signature of one	r <mark>al Partnership or Limited Liabi</mark> General Partner.	ility Partnership:
If Florida Limit Signatures of AL	ed Partnership or Limited Liabi L General Partners.	lity Limited Partnership:
All others: Signature of an a	uthorized person.	
Fees:		
Fees for Certified	of Conversion: Florida Articles of Organization: l Copy: ite of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is	is:	
BAGELWAY LLC (Must contain the words "Limited Liab	oility Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
1523 N.W. 165TH STREET UNIT A MIAMI, FLORIDA 33169	1523 N.W. 165TH STREET UNIT A MIAMI, FLORIDA 33169	
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the THE BERNSTEIN LAW FIR	ne registered agent are:	18 F SEC: TALL
3050 BISCAYNE BOULEVA Florida street address (P	P.O. Box NOT acceptable)	FILEU EB 22 AM 10: 56 KETART OF STA AHASSEE, FLORIG
MIAMI City	FL 33137 Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as Registered Agent's S	d in this certificate, I hereby acce pacity. I further agree to comply He performance of my duties, and	ept the appointment as with the provisions of all A Lam familiar with and

(CONTINUED)

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	AURELIA BEN TOV
MGR	1523 N.W. 165TH STREET
	MIAMI, FLORIDA 33169
MGR	TYXON GROUP LLC
***************************************	19830 COLLINS AVENUE #1722
	NY ISLES, FLORIDA 33160
	76.4
	AHJ F
	<u>S≥ N</u> -
(Use attachment if necessary)	[6] a
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	>
CLE V: Other provisions, if any.	
DECHIDED SIGNATURE	
REQUIRED SIGNATURE:	1 /X X
/ //	
Signature of a member of	an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

MICHAEL I. Bernstern, AS REGISERED ACTOR.

Typed or printed name of signce

Filing Fees

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