480057905

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

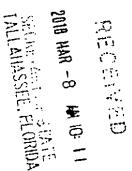
Office Use Only

M. MOON MAR 0 8 2018



200309646602

03/08/18--01004--003 **1202.50



TILLED 18 MAR -8 PM 2: 20

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 **
(850) 656-4724

| DATE | 3/8/2018 | _ | **1 | VALK IN* |
|---------|--------------------------------|---|-------------------------------------|----------|
| ENTITY | NAME | KIVILCIM INVESTMENTS LLC | | WALK EV |
| DOCUM | ENT NUMBER | | | |
| | | **PLEASE FILE THE ATTACHED AND RETURN** | | |
| XXXX | XXX | Plain Copy | | |
| | | Certified Copy | | |
| | | Certificate of Status | | |
| | | Certified Copy of Arts & Amendments Certificate of Good Standing | | |
| OD UNIT | DU DE DECENI | **APOSTILLE' / NOTARIAL CERTIFICATION** | 18 MAR - 8 SECRETAL TALLAHASS | |
| | RY OF DESTINA D DE CEPTIEIC | ATES REQUESTED | 70 34 | 17 |
| NUMBEI | (01 04 (111 10) | TI LO NEQUESTED | 7.2.2 | |
| TOTAL | OWED\$15 | 0.00 СНЕСК # 4613 | | |
| Please | call Tina at | the above number for any issues or concerns. Thank y | 10a 80 muc | h! |

Articles of Conversion

For

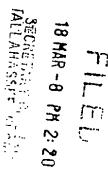
"Other Business Entity"

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: Kivilcim Investments LLC |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Limited Liability Company |
| 2. The "Other Business Entity" is a |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| 12/17/2003 |
| on |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Kivilcim Investments LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: |
| (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 March | 20_18 |
|----------------|--------------------------------------|--|
| | of Authorized Representative of | |
| Cianatura s | of Authorized Representative: | |
| Drinted Nor | me: Danielle Gossman | Title: Attorney-in-Fact |
| I Hilled Ivai | ile. Danono Godina. | |
| Signature(| s) on behalf of Other Business En | ntity: [See below for required signature(s)] |
| | me: Danielle Gossman | |
| Signature: | | Title: Attorney-in-Fact |
| Printed Nat | me: Danielle Gossman | Title: Attorney-in-ract |
| Signature: | | |
| Printed Nat | me: | Title: |
| C: | | |
| Signature: | | Title: |
| Printed Nai | me: | rue. |
| Signature: | | |
| Printed Nat | me: | Title: |
| Simature: | | |
| Printed Na | me: | Title: |
| T Tillico Ivai | me | |
| Signature: | | |
| Printed Nai | me: | Title: |
| If Florida | Corporation: | |
| | of Chairman, Vice Chairman, Direc | tor, or Officer. |
| | s or Officers have not been selected | |
| If Florida | General Partnership or Limited | Liability Dartnership |
| | of one General Partner. | Liability 1 at thet ship. |
| C | | |
| | Limited Partnership or Limited | |
| Signatures | of ALL General Partners. | |
| All others: | | |
| | of an authorized person. | |
| | | - |
| Fees: | | |
| Art | icles of Conversion: | \$25.00 |
| | es for Florida Articles of Organiza | |
| | rtified Copy: | \$30.00 (Optional) |
| | rtificate of Status: | \$5.00 (Optional) |

18 MAR -8 PH 2: 20
SECRETARY TALLARESSEE TRACES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is | ; | |
|---|---|--|
| , , , | | |
| Kivilcim Investments LLC | | |
| (Must contain the words "Limited Liabili | ty Company, "L.L.C.," or "LLC." | ") |
| ARTICLE II - Address: | | |
| The mailing address and street address of the p | rincipal office of the Lim | ited Liability Company is: |
| | • | • |
| Principal Office Address: | Mailing Address: | |
| 436 Alamanda Drive | 436 Alamanda Drive | |
| Hallandale Beach , FL 33009 | Hallandale Beach, FL 330 | 009 |
| | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the | stered Agent. You must designate | an individual or another |
| Lopez Levi Lowenstein Glinsky | , P.A. | |
| Nam | e | • |
| 201 Albandar Circle Sec 701 | | |
| 201 Alhambra Circle, Ste 701 Florida street address (P.C |). Box <u>NOT</u> acceptable) | |
| Coral Gables | FL 33134 | |
| City | Zip | • |
| Having been named as registered agent and to liability company at the place designated it registered agent and agree to act in this capact statutes relating to the proper and complete accept the obligations of my position as reaccept the Agent's Signanielle Gossman, At | n this certificate, I hereby city. I further agree to conperformance of my duties, gistered agent as provided nature (REQUIRED) ttorney-in-Fact | accept the appointment as nply with the provisions of all , and I am familiar with and |
| (301.111 | , | 18 MA SECRE |

ARTICLE IV-

January Commence

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

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | CUVEN VIVII CIM |
| MGR | GUVEN KIVILCIM |
| | 436 Alamanda Drive |
| | Hallandale Beach , FL 33009 |
| | |
| | |
| | |
| | <u> </u> |
| | |
| | AR AR |
| | 250 |
| | <u> </u> |
| | 79. 3 |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| CLE V: Other provisions, if any. | |
| | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| / \ (| <u>}</u>)) |
| | } |
| Signature of a member or a | 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 docum as provided for in s.817.155, F.S. | nent to the Department of State constitutes a third degree felony |
| as provided for in 3.617.100, 1.5. | |
| Danielle Gossman, Attorney-in-Fact | |

Typed or printed name of signee

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)