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| (Re | equestor's Name) | |
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| (Ad | idress) | • |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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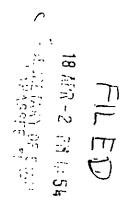
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COVER LETTER

| TO: | New Filing Son Division of C | | | |
|---------------------------|--|--|--|---|
| SUBJ | ECT: | | | |
| | | (Name of Res | ulting Florida Limited Con | apany) |
| | | | ~ | d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S. |
| Please | return all corre | espondence concerning | g this matter to: | |
| | | (Contact Person) | | |
| | | (Firm/Company) | | |
| | | (Address) | | |
| | (6 | City, State and Zip Code) | - | |
| | | e used for future annual re | | |
| T OF Tu | iner momun | - | - | |
| | (Name of Conta | ct Person) | at () (Area Code) (Day | rtime Telephone Number) |
| | | or the following amou a bank located in the | - | sed by this office must be payable in US |
| (\$25 fo & \$125 | 0.00 Filing Fees r Conversion for Articles mization) | □S155.00 Filing Fees and Certificate of Status | ☐\$180.00 Filing Fees and Certified Copy | |
| New I Divîsi Clifto | ET ADDRES Filing Section on of Corporat in Building Executive Cent | ions | MAILING A New Filing S Division of C P. O. Box 63 Tallahassee, | Section Corporations 27 |

Tallahassee, FL 32301

For "Other Business Entity"

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.

| Signed this 25th day of April | _20_18 |
|---|---|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: Printed Name: Brad Carpenter | Title: |
| Signature(s) on behalf of Other Business Entity: | Se e below for r equired signature(s)] |
| Signature: Printed Nume: Brad Corporter | Title: Member |
| • | |
| Signature: Printed Name: | Title |
| Trinca ivane. | 11000 |
| Signature:Printed Name: | · |
| Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| | • |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title |
| Timed Name. | Title. |
| If Florida Corporation: | 066 |
| Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. | |
| | • |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| Signature of one General Farmer. | |
| 1f Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | y Limited Partnership: |
| Signatures of ALL General Partners. | |
| All others: | |
| Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: Certificate of Status: | \$30.00 (Optional) \$5.00 (Optional) |
| Centificate of Status. | φυίου (Optionar) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE | 1 - | Name: | |
|---------|-----|-------|--|
|---------|-----|-------|--|

The name of the Limited Liability Company is:

RIDGETOP MANAGEMENT (Must contain the words "Limited Liability Company, "L.L.C." or "LLC."

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | <u>Mailing Address:</u> | | |
|---|--|-----------|--------|
| 6423 COLLINS AVE. | SAME AS OFFICE | | |
| SUITE 1106 | | | |
| MIAMI BEACH, FL 33141 | | | |
| ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registered ARCABTA | Agent. You must designate an individual or another | 18 APR -2 | T)/ |
| Name 3785 NW 82° | dave, STE 104 | | 171 |
| Florida street address (P.C | | بر بن | \cup |
| DORAL | FL 33166 | | |
| 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.,

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: BRADLEY J. CARPENTER "AMBR" = Authorized Member "MGR" = Manage 6423 COLLINS AVE. AMI BEACH, FL 33141 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 calendar days after the date of filing.) **ARTICLE VI:** Other provisions, if any. REQUIRED SIGNATURE: ignature of a member or an authorized representative

(In accordance with section 605.0205 (3). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

BRADLEY J. CARPENTER

Typed or printed name of signee

Filing Fees: