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| PICK-UP                               | ☐ WAIT            | MAIL      |
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| (Bus                                  | siness Entity Nan | ne)       |
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| Certified Copies                      | _ Certificates    | of Status |
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| Special Instructions to I             | Filing Officer:   |           |
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Office Use Only

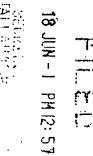
M. MOON

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## **COVER LETTER**

| TO: New Filing So<br>Division of C   |   |   |  |                      |
|--|---|---|--|----------------------|
| SUBJECT: RiverFord   | est Connections LLC                                   |   |  |                      |
|  | (Name of Re   | sulting Florida Limited                   | Company)   | <del></del>          |
|  |   |   | n, and fees are submitted t<br>in accordance with s. 605                   |                      |
| Please return all corre  | espondence concernin                                  | g this matter to:                         |  |                      |
| Anthony Olson  |   |   |  | ; <del>,,,</del> ,,, |
| Anthony Olson, P.A.  | (Contact Person)                                      |   |  | 18 JUN -1 PH 12: 57  |
|  | (Firm/Company)  |   |  |                      |
| 2020 Cattlemen Road, St  | iite 100  |   |  | . ~0                 |
|  | (Address)   |   |  | 5                    |
| Sarasota, FL 34232   |   |   |  |                      |
| ((   | City, State and Zip Code)                             |   |  |                      |
| tony@immigrationvisaus   | a.com   |   |  |                      |
| E-mail Address: (to be   | e used for future annual re                           | port notifications)                       |  |                      |
| For further information  | on concerning this ma                                 | tter, please call:                        |  |                      |
| Anthony Olson  |   | at ( <sup>941</sup> ).                    | 362-7100   |                      |
| (Name of Conta   | ct Person)  | (Area Code)                               | (Daytime Telephone Number)   |                      |
| Enclosed is a check for dollars and drawn on   |   |   | cessed by this office mus  | t be payable in US   |
| ■ \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization)   | □\$155.00 Filing Fees<br>and Certificate of<br>Status | ☐\$180.00 Filing Fe<br>and Certified Copy | ees □\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |                      |
| STREET ADDRESS<br>New Filing Section<br>Division of Corporati<br>Clifton Building<br>2661 Executive Center<br>Tallahassee, FL 3230 | ons<br>er Circle                                      | New Filir<br>Division<br>P. O. Box        | G ADDRESS: ng Section of Corporations (6327) ee, 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.

| Riv | (Enter Name of Other Business Entity)  |
|-----|--|
|     | limited liability company  |
| 2.  | The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)   |
|     |  |
| Fir | st organized, formed or incorporated under the laws of   |
|     | (Enter state, or if a non-U.S. entity, the name of the country)  |
|     | 09/13/2017   |
| OH  | (date of organization, formation or incorporation)   |
| 3.  | The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:   |
| Riv | verForest Connections LLC  |
|     | (Enter Name of Florida Limited Liability Company)  |
| 4.  | If not effective on the date of filing, enter the effective date:  |
| (TI | he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after –   |
|     | e date this document is filed by the Florida Department of State.)   |
| doc | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.  |
| 5.  | The plan of conversion has been approved in accordance with all applicable statutes.   |
|     | 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.  |
|     | The state of the s |

| Signed this 30th day of May 20 18 .  |       |
|--|-------|
| Signature of Authorized Representative of Limited Liability Company:   |       |
| Signature of Authorized Representative:  Printed Name: Kavita Shermon  Title: Authorized Member  |       |
| Signature(s) on behalf of Other Business Entity: [See below for required signature   | e(s)] |
| Signature: 4. Swins  |       |
| Signature:  Printed Name: Kavita Shermon  Signature:  Signature:   |       |
| Signature:   |       |
| Signature:   |       |
| Signature:   |       |
| Printed Name: Title:   |       |
| Simulation   |       |
| Signature: Title: Title:   |       |
|  |       |
| Signature: Title:  |       |
| Triffed Plane ride.  |       |
| Signature: Title:  |       |
| Printed Name: Title:   |       |
| If Florida Corporation:  |       |
| Signature of Chairman, Vice Chairman, Director, or Officer.  If Directors or Officers have not been selected, an Incorporator must sign. |       |
| ·  |       |
| If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.                                       |       |
| Signature of one ocherar Farmer.   |       |
| If Florida Limited Partnership or Limited Liability Limited Partnership:   |       |
| Signatures of ALL General Partners.  |       |
| All others:  |       |
| Signature of an authorized person.   |       |
| <u>Fees:</u>   |       |
| Articles of Conversion: \$25.00  |       |
| Fees for Florida Articles of Organization: \$125.00  |       |
| Certified Copy: \$30.00 (Optional) Certificate of Status: \$5.00 (Optional)  |       |

18 JUN-1 PH 12:57

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |  |
|--|--|
| The name of the Limited Liability Company  | is:  |
|  |  |
| RiverForest Connections LLC  |  |
| (Must contain the words "Limited Lia"  | bility Company, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address:  |  |
| The mailing address and street address of the  | e principal office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:   |
| 3550 Lei Drive   | 3550 Lei Drive   |
| Sarasota, FL 34232   | Sarasota, FL 34232   |
|  |  |
| (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 | red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:  |
| Anthony Olson, P.A.  |  |
|  | ame  |
| 2020 Cattlemen Road, Suite 1   | 1 (36)   |
| <del></del>  | P.O. Box <u>NOT</u> acceptable)  |
| Sarasota   | 171 34232  |
| City   | FL 3-4232<br>Zip   |
| liability company at the place designated<br>registered agent and agree to act in this cap<br>statutes relating to the proper and comple                       | d to accept service of process for the above stated limited d in this certificate. I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S |
| Registered Agent's S   | Signature (REQUIRED)   |
|  | INUED)   |

| A | D  | 111 | C    | 1 1 |      | V. |
|---|----|-----|------|-----|------|----|
|   | 13 |     | Ι. Ι |     | ٠. ا |    |

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

| "AMBR" = Authorized Member        | Name and Address:                  |             |          |
|-----------------------------------|------------------------------------|-------------|----------|
| "MGR" = Manager                   |                                    |             |          |
| AMBR                              | Kavita Shermon                     |             |          |
| <del>-</del>                      | 454 Nautical Blvd.                 |             | _        |
|                                   | Oakville, Ontario, L6L 0A6, Canada |             | <u>-</u> |
| "MGR" = Manager                   | Ganesh Shermon                     |             |          |
| <del></del>                       | 454 Nautical Blvd.                 |             | _        |
|                                   | Oakville, Ontario, L6L 0A6, Canada | <del></del> | _        |
|                                   |                                    |             | _        |
|                                   |                                    |             |          |
|                                   |                                    | •           | _        |
|                                   |                                    |             | _        |
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|                                   |                                    | 7.7-        | <b>∑</b> |
|                                   |                                    | 40.         | 1        |
| (Use attachment if necessary)     |                                    | •           |          |
|                                   |                                    |             | 70       |
|                                   |                                    |             | :ZI H.   |
| ICLE V: Other provisions, if any. |                                    |             | CJ<br>   |
|                                   |                                    |             | 5        |
|                                   |                                    |             |          |
|                                   | <u> </u>                           |             |          |

#### **REQUIRED SIGNATURE:**

4. Sums

Signature of a member or 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.

Kavita Shermon

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)