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### SUNSHINE CORPORATE FILING OF FLORIDA INC.

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

DATE6/25/2018	<del></del>	VALK IN**
ENTITY NAME	BEST SOHO INVESTMENTS LLC	
DOCUMENT NUMBE	ER	
	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	_
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTI	NATION	
NUMBER OF CERTIF	FICATES REQUESTED	
TOTAL OWED 150.	.00 CHECK #4970	
Please call Tina a	at the above number for any issues or concerns. <b>Thank you</b> so much	<b>;</b> /

## 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:  BEST SOHO INVESTMENTS, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited liability company  (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-O.S. entity, the name of the country)
8/19/2011 on .
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BEST SOHO 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	i this 25th	day of June	20_18
Signa	ture of Autho	orized Representative of Limi	ted Llability Company:
		ized Representative:le Gossman	Title: Attorney-in-Fact
Signat	ture(s) on beh	alf of Other Business Entity:	[See below for required signature(s)]
Signat Printed	ure: d Name <u>: D</u> aniel		Title: Attorney-in-Fact
Signate Printed	ure: d Name:		Title:
Signat Printed	ure: 1 Name:		Title:
Signat Printed	ure: d Name:		Title:
Signat Printed	ure: d Name:		Title:
Signat Printed	ure: d Name:		Title:
Signat	rida Corporature of Chairms ectors or Office	tion: an, Vice Chairman, Director, or ers have not been selected, an In	Officer. corporator must sign.
	rida General ure of one Gei	<u>Partnership or Limited Liabili</u> neral Partner.	ty Partnership:
		<u>Partnership or Limited Liabili</u> General Partners.	ty Limited Partnership:
<u>All oti</u> Signat	hers: ure of an autho	orized person.	
Fees:			
	Articles of C Fees for Flo Certified Co Certificate of	rida Articles of Organization: py:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
BEST SOHO INVESTMENTS, LLC	"Limited Liability Company	"	<del> </del>
(Must contain the words	Limited Liability Company	, taraca, or take	,
ARTICLE II - Address: The mailing address and street add	ress of the principal of	office of the Lim	ited Liability Company is:
Principal Office Address:	<u>Maili</u>	ng Address:	
701 S. Howard Ave, Ste 106-392	701 S.	Howard Ave. Ste 10	06-392
Tampa, FL, 33606	Tampa	, FL, 33606	
ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registra  The name and the Florida street ad  Best Bayshore Re	as its own Registered Agen tion.) dress of the registere	t. You must designate	an individual or another
	Name		
701 S. Howard A	ve. Ste 106-392		
Florida street	address (P.O. Box N	OT acceptable)	
Татра	FL	33606	
	City	Zip	
Having been named as registered liability company at the place registered agent and agree to act statutes relating to the proper a accept the obligations of my p	designated in this cer in this capacity. I fin nd complete performo osition as registered	tificate, I hereby a ther agree to con nuce of my duties,	accept the appointment as uply with the provisions of all and I am familiar with and
	an, Attorney-in-Fact	POLIBED)	_
Registered	Agent's Signature (F	(CEATTHY LID)	

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Thilo Best
MOK	701 S. Howard Ave. Ste 106-392
	Tampa, FL 33606
(Use attachment if necessary)	
(Ose attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
<u>REQUIRED</u> SIGNATURE:	
Signature of a member or	an authorized representative of a member
Signature of a member or	an authorized representative of a member with section 605.020 A(1) (b), Florida Statutes, I am aware ment to the Department of State constitutes a third degree fe
Signature of a member or	an authorized representative of a member with section 605.020.3(1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203(1) (b). Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.  Danielle Gossman, Attorney-in-Fact	with section 605.020 \( (1) \) (b). Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.  Danielle Gossman, Attorney-in-Fact	an authorized representative of a member with section 605.020.3(1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fer pred or printed name of signee  Filing Fees

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

ARTICLE IV-