## L18000192108

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
| J DENNIS                                |  |  |  |  |  |
| DEC 1 - 2023                            |  |  |  |  |  |
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## COVER LETTER

| TO:  | O: Registration Section Division of Corporations |  |  |   |  |
|--|--|--|--|---|--|
| SUBJ   | ECT: FURIA E                                     | SPORTS LLC   |  |   |  |
| ., .,  |  | Name of Florida                                    | Limited Liability Compa  | ny  |  |
| Limite   |  | s of Conversion and fo<br>mpany" into an "Othe     |  |   |  |
| Please   | return all corr                                  | espondence concernin                               | g this matter to:  |   |  |
| МІСН   | EL DE AMORIM                                     |  |  |   |  |
|  |  | Contact Person                                     | ···  |   |  |
| DRUM   | MOND CONSU                                       | LTING LLC  |  |   |  |
|  | -  | Firm/Company                                       |  |   |  |
| 601 BI   | RICKELL KEY D                                    | RIVE, STE 901                                      |  |   |  |
|  |  | Address  |  |   |  |
| MIAM   | II, FLORIDA, 331                                 | 31   |  |   |  |
|  | C  | ity, State and Zip Code                            |  |   |  |
| СОМР   | LIANCE@DRUN                                      | MONDADVISORS.COM                                   | М  |   |  |
| É  | -mail address: (to                               | be used for future annual r                        | eport notification)  |   |  |
| For fu   | rther information                                | on concerning this ma                              | tter, please call:   |   |  |
| MICHEL DE AMORIM   |  |  | at ( <sup>781</sup> ) <sup>770</sup>                                   | 0-0005  |  |
| N  | ame of Contact Po                                | erson  |  | ytime Telephone Number  |  |
| Enclo  | sed is a check f                                 | or the following amou                              | int:   |   |  |
| <b>■ \$</b> 25   | .00 Filing Fee                                   | \$30.00 Filing Fee<br>and Certificate of<br>Status | ☐\$55.00 Filing Fee<br>and Certified Copy                              | ☐ \$60.00 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |  |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  | The Centre   | n Section<br>Corporations<br>of Tallahassee<br>onroe Street, Suite 810 |   |  |

CR2E106 (05/17)



## Articles of Conversion For Florida Limited Liability Company into "Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

| 1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:  |
|---|
| Furia Esports LLC   |
| Enter Name of Florida Limited Liability Company   |
| 2. The name of the "Converted or Other Business Entity" is:   |
| Furia Esports LLC   |
| Enter Name of "Converted or Other Business Entity"  |
| 3. The "Converted or Other Business Entity" is a LIMITED LIABILITY COMPANY  (Enter entity type Frample: composition limited partnership, sole proprietorship.   |
| (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)  |
| organized, formed or incorporated under the laws of DELAWARE  |
| (Enter state, or if a non-U.S. entity, the name of the country)   |
| on <u>8/25/2023</u>   |
| (Date of organization, formation or incorporation)  |
| and the formation document is attached (if applicable).   |
| 4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.   |
| 5. This conversion shall be effective in Florida on: 08/25/2023  The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the   |
| (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.") |
| 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.  |

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

| Street Address:  | 601 BRICKELL KEY DR STE 901 |   |  |  |
|--|-----------------------------|---|--|--|
|  | MIAMI, FL 33131             |   |  |  |
| Mailing Address:   | 601 BRICKELL KEY DR STE 901 |   |  |  |
|  | MIAMI, FL 33131             |   |  |  |
| 7. The "Converted of appraisal rights the and 605.1061-609 | ne amount to which such me  | as agreed to pay any members having<br>embers are entitled under ss. 605.1006 |  |  |
| Signed this  | day of September            |   |  |  |
| Signature:   | Must be signed by a Memb    | ber or Authorized Representative  |  |  |
| Printed Name: AND  | RE AKKARITit                | AUTHORIZED REPRESENTATIVE   |  |  |
| Fees: Filing Fee:<br>Certified Cop<br>Certificate of       |                             |   |  |  |

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