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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunings Falik Mass)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only

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COVER LETTER

SUBJECT: Holdings Group LLC (Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1043, F.S. Please return all correspondence concerning this matter to:
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1043, F.S. Please return all correspondence concerning this matter to:
la Dalla Fore
(Contact Person)
I- Tax Advisors (Firm/Company)
(Address) Miami, FL 33191
(City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Jeff Delle Fave at (704) 755 - 1305 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{align*} \text{\$\subseteq} \$\
STREET ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corpora froa</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of British Viction Islands (Enter state, or if a non-U.S. entity, the name of the country)
on Jacuary 3, 2012 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Amur Holdings Group LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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 13 day of Aquit	20 <u>/</u> 0	
Signature of Authorized Representative of Lin	nited Liability Company:	
Signature of Authorized Representative: Luciana Vladimirschii	- Nish	
Printed Name: Luciana Vladimirschi	Title: Authorized member manag	4
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	•
Signature: Jun Wlass		
Signature: VIAA 1 Printed Name: Luciana Vladimieschi	Title: Chairman, Dunn, Officer +	Member, Mgr
Signature: Printed Name:	Title:	-
Signature: Printed Name:	Title:	<u> </u>
Signature:Printed Name:	Title:	•
Signature:Printed Name:	Title	
Signature:	The state of the s	
rinted Name.	1 itle:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer.	
in Directors of Officers have not been selected, an in	icorporator musi sign.	
If Florida General Partnership or Limited Liabili	ity Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		270
Articles of Conversion:	\$25;00	16 SE⊝
Fees for Florida Articles of Organization:	\$125.00	AUG TH
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
		FILTI.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability	Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
C/O - I - TAX Advisor 601 Brickell Key Drive, STE 700 Miam, FL 33131	Clo I-TAX ADVISON LOUI Brickell Key Dr. STE 700 Mian, FL 33131
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Jeffrey M Name	Delle Fave
<u>/() Q β()</u> / () 43 ° « Florida street address (P.O.	Box NOT acceptable)
Cocal Sorings City	FL 3306T Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
July M LC	Aug To
Registered Agent's Signa	iture (REQUIRED)
(CONTINU	(ED)

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR + MGR	Luciana Vladimicschi
	Clo I- Tox Advisors
	1001 Brickell Key Drive ST 700
	M.An., FL 33/31
Secretary	Lettay Dule Fave
\supset	Clo-JI-Tay Advisus
	(au) Brickett Ley Drive STZ, 100
	<u> </u>
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	200
(Use attachment if necessary)	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
	4. 1
REQUIRED SIGNATURE:	/Ada
REQUIRED 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 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fel
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.	with section 605,0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fellows.
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.	with section 605.0203 (1) (b), Florida Statutes. I am aware t