# 1-18000207924

(Re	questor's Name)	·	
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	: #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
		}	

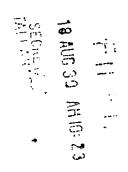
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#### **COVER LETTER**

TO:	New Filing Se Division of Co				
SUBJ	ECT:	Bitznu 1	رر د		
			ulting Florida Limited Con	ipany)	
		The state of the s	les of Organization, an ability Company" in ac		
Please	return all corre	espondence concerning	g this matter to:		
	Bitza	Jerushalm (Contact Person) Du LLC (Firm/Company)	•		18 AUG 30 AH 10: 23
	MUZ FAI	Metto St. (Address)	<del></del>		7. O
	Titus	Sille, FL 32 City, State and Zip Code)	796		H 10: 23
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	irther information	on concerning this ma	tter, please call:		
	iza Rive (Name of Conta	CC (Person)	at ( <u>347</u> ) <u>5</u> (Area Code) (Day	10-3214.	
		or the following amou a bank located in the	int: (All checks process United States)	sed by this office must	t be payable in US
/(\$25 fc & \$125	0,00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
New I Divisi Clifto 2661	EET ADDRESSETTING Section ion of Corporation Building Executive Centerassee, FL 3230	ions er Circle	MAILING A New Filing S Division of C P. O. Box 63: Tallahassee.	ection Corporations 27	

## 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>limited liability Company</u> .  (Enter entity type. Example: corporation, limited partnership, general partnership, common law dedusiness trust, etc.)
First organized, formed or incorporated under the laws of
on 7/12/18 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Bitznu UC
(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 this 21 day of Hugust	_20_\8				
	Signature of Authorized Representative of Limited Liability Company:					
K	Signature of Authorized Representative:	Title:	_			
	Signature(s) on behalf of Other Business Entity:					
X	Signature:	Title: OMRY CEO	- -			
	Signature:Printed Name:	TV.1	-			
	Printed Name:	Title:	_			
	Signature:		_			
	Signature:Printed Name:	Title:	_			
	Signature:					
	Printed Name:		<del>-</del>			
	Signature:Printed Name:	Title	_			
	Timed Name.		_			
	Signature:		_			
	Printed Name:	Title:	_			
	If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.					
	If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:				
	If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:				
	All others: Signature of an authorized person.		18 , SEG TALLY			
	<u>Fees:</u>		18 AUS 30 AH IO: 24	-		
	Articles of Conversion:	\$25.00				
	Fees for Florida Articles of Organization:	\$125.00	至	1		
	Certified Copy:	\$30.00 (Optional)	110: 2	•		
	Certificate of Status:	\$5.00 (Optional)				

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company is	<b>::</b>			
	Bitznu	LLC			_
(Must contai	n the words "Limited Liabil	ity Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and	street address of the p	orincipal off	ice of the Limite	ed Liability (	Company is
Principal Office Addres	<u>s:</u>	<u>Mailing</u>	Address:		
702 Palmett	32796		202 Palme	46 St. _ 32996	- <u>-</u> -
ARTICLE III - Register (The Limited Liability Company of business entity with an active Flo	cannot serve as its own Regi	ed Office, & istered Agent, Y	Registered Ag	ent's Signal individual or an	ture: other
The name and the Florida	street address of the	registered a	igent are:	Σs =	<u>.</u>
	Liza River	<i>ا</i> م		E Che Way	Alic 30
<del></del>	Nan	ne		6	سسب مست مست
2	570 Banco	St BI	18		
Flor	ida street address (P.0	O. Box <b>NO</b>	<u>r</u> acceptable)	: 7	AHIO: 24
	Orlando	FL	32833		? £
<del></del>	Orlan do City	<u> </u>	Zip		
Having been named as				C1	111

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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

A	R	TI	$\mathbf{C}$	LE	11	/_
$\overline{}$	13		•			, -

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager Scie Hember/Manager	Nadau Jerushalmy 702 Palmetto St Titusville, fl 3279.	<u></u>
	AII. July and a second	
(Use attachment if necessary)		5 :
ARTICLE V: Other provisions, if any.	<b>*</b>	
REQUIRED SIGNATURE:	40)	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am ament to the Department of State constitutes a third degree	ware that
* NAD	AV TERUSHALM	<u>}</u>
Tyl	ped or printed name of signee	1
	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)