# 18000333666

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

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SECRETARIAN OF STATE

ALL ANALYSIS OF STATE

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### **COVER LETTER**

10:	Division of C						
SUBJ	IECT: S&FR LL	.c					
0020		(Name of Res	ulting	Florida	Limite	d Com	ipany)
				_			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concernin	g this	matter	to:		
Jonat	han Sanford						
		(Contact Person)					
Brook	Bay Consulting	PC					
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)					
3484	Beechwood Blvd						
		(Address)					
Pittsb	urgh, PA 15217						
	((	City, State and Zip Code)					
yonas	san@brookbayco	nsulting.com					
E-1	mail Address: (to b	e used for future annual re	port n	otificatio	ns)		
For fi	urther informati	on concerning this ma	tter, j	please o	all:		
Jonet	han Sanford		at í	412	,	540-5	5272
	(Name of Conta	ect Person)	,, \	(Area (	Code)	(Day	time Telephone Number)
		for the following amou a bank located in the				rocess	sed by this office must be payable in US
(\$25 fo	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status		3180.00 F Certified			☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:		M	AILI	NG A	ADDRESS:
	Filing Section			Ne	w Fil	ling S	ection
	ion of Corporat	ions					Corporations
	on Building Executive Cent	on Cinala				ox 632	•
2001	Executive Cent	e Circle		ıa	nana	ssee, i	FL 32314

Tallahassee, FL 3230!

# 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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
2/3/2017 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
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 27th day of August	_ 20_18
and the state of t	ad Flakility Company
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:	al XVat
Printed Name; Shmuel Rothman	Title: Managing Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
AT O A I At	
	Title: Managing Member
Printed Name: Shmuel Rothman	Title: Managing wember
C'	
Signature: Printed Name:	Title:
Frinted Name.	
Signature:	
Printed Name:	
Signature:	77.1
Printed Name:	_ 11tte:
Cirmotypo	
Signature: Printed Name:	Title:
Timed Name.	
Signature:	
Printed Name:	_ Title:
If Florida Corporation:	n re
Signature of Chairman, Vice Chairman, Director, or Chairman, Directo	Officer.
If Directors or Officers have not been selected, an Inc	corporator musi sign.
If Florida General Partnership or Limited Liabilit	v Partnership:
Signature of one General Partner.	
<b>2.6.</b>	
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of ALL, General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
<u> </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)

FILED

18 SEP 21 PH 2:21

STUMENTS SEP 2: PH 2:21

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	man Coaching contain the words "Limited Li	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Add	- <del>-</del>	he principal office of the Limited L	iahility Co	**\****	v ic.
The maning address	and street address of th	de principal office of the Elimited E	lability Co	mpan	y 13.
Principal Office Ad	dress:	Mailing Address:			,
573 NE 191st St		573 NE 191st St			
Miami, FL 33179		Miami, FL 33179			
(The Limited Liability Com	pany cannot serve as its own l	tered Office, & Registered Agent' Registered Agent, You must designate an indiv	's Signatur	ict	
(The Limited Liability Combusiness entity with an action The name and the Flo	pany cannot serve as its own l ve Florida registration.)	tered Office, & Registered Agent? Registered Agent. You must designate an indivite the registered agent are:	ridual or anoth	ا8 SEP 2 ا	,
(The Limited Liability Combusiness entity with an action The name and the Flo	pany cannot serve as its own live Florida registration.)  orida street address of the house Rothman	Registered Agent. You must designate an indiv	ridual or anoth	18 SEP 21	
(The Limited Liability Combusiness entity with an acti	pany cannot serve as its own live Florida registration.)  orida street address of the house Rothman	Registered Agent. You must designate an indiv	ridual or anoth	18 SEP 21 PH	Tino
(The Limited Liability Combusiness entity with an acti The name and the Flo	pany cannot serve as its own I ve Florida registration.) orida strect address of hmuel Rothman N 73 NE 191st St	Registered Agent. You must designate an indiv	ridual or anoth	18 SEP 21	
(The Limited Liability Combusiness entity with an action The name and the Florida S.	pany cannot serve as its own I ve Florida registration.) orida strect address of hmuel Rothman N 73 NE 191st St	Registered Agent. You must designate an indiv	ridual or anoth	18 SEP 21 PH	

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)

Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Shmuel Rothman MGR 573 NE 191st St Miami, FL 33179 (Use attachment if necessary) ARTICLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (i) (b), Florido 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. Shmuel Rothman Typed or printed name of signee Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-