1800248678

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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COVER LETTER

TO: New Filing Division of	Section Corporations				
SUBJECT: Hong K	ong Oakland, LLC				
30bJEC1	(Name of Res	sulting Florida Limit	ed Con	npany)	
The enclosed Articl Business Entity" in	es of Conversion, Artic to a "Florida Limited Li	les of Organizati iability Company	on, an '' in ac	d fees are submitted to conv ccordance with s. 605.1045.	ert an "Other F.S.
Please return all con	respondence concernin	g this matter to:			
Angela Moore		_			
	(Contact Person)				
Veil Legal			<u>-</u>		18 OCT
	(Firm/Company)				
10421 South Jordan Ga	ateway Suite 600				+. 1/3 1/3
	(Address)				
South Jordan, UT 8409	9 5				7 15
	(City, State and Zip Code)		•		₹
renewals@veil.com					,
E-mail Address: (to	be used for future annual re	port notifications)			
For further informa	tion concerning this ma	tter, please call:			
Angela Moore		at (at	727-7		
(Name of Cor	ntact Person)	(Area Code)	(Day	ytime Telephone Number)	
dollars and drawn o	on a bank located in the	United States)		sed by this office must be pa	ıyable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	and Certificate of Status	□\$180.00 Filing and Certified Cop		Certified Copy, and Certificate of Status	
STREET ADDRE	SS:	MAIL	ING A	ADDRESS:	
New Filing Section		New F			
Division of Corpora	ations	Divisio P. O. B		Corporations	
Clifton Building 2661 Executive Ce	nter Circle			FL 32314	

Tallahassee, FL 32301

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 Hong Kong Oakland, LLC	Conver	sion is:
(Enter Name of Other Business Entity)		7.7
2. The "Other Business Entity" is a		
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country) on Ol/14/2015 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizati Hong Kong Oakland, LLC	ess trust, etc.)	
First organized, formed or incorporated under the laws of	-re	
First organized, formed or incorporated under the laws of California (Enter state, or if a non-U.S. entity, the name of the country) on 01/14/2015 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	ountry)	
on		
(date of organization, formation or incorporation)		
	of Orga	inization:
(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 cal 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 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 09 day of October	20_18	
Signature of Authorized Representative of Lin	nited Liability Company:	
Signature of Authorized Representative:	Title: Member/Manager	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Printed Name: Christopher 13e	Title: Member/Manager	70 5
Signature: Anthony	Title: Member/Manager	5
Printed Name: Anthony 1se/	Title: Nember/Manager	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	₫
Signature:Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, o If Directors or Officers have not been selected, an I		
If Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partnership:	
If Florida Limited Partnership or Limited Liabi Signatures of ALL General Partners.	lity Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hone Yong Oakland II C			
Hong Kong Oakland, LLC (Must contain the words "Limited Lia"	bility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the	e principal office of the Limited L	Liability Company is:	
Principal Office Address:	Mailing Address:		
3030 N. Rocky Point Dr. STE 150A	1750 Sacramento St #112		
ampa, FL 33607 San Francisco, CA 94109			
ADTICLE III. Degistered Agent Degiste	and Office & Degistered Agent	o'c Signature	
(The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an indi	t's Signature: ividual or another	1 ;
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Registered Agents Inc.	egistered Agent. You must designate an indi	ividual or another	1 ;
The name and the Florida street address of the Registered Agents Inc. Na 3030 N. Rocky Point Dr. STI	egistered Agent. You must designate an indi ne registered agent are: ame	ividual or another 18 OCT 22 19 12:	1 7
(The Limited Liability Company cannot serve as its own Ribusiness entity with an active Florida registration.) The name and the Florida street address of the Registered Agents Inc. No. 3030 N. Rocky Point Dr. STI	egistered Agent. You must designate an indine registered agent are: ame E 150A P.O. Box <u>NOT</u> acceptable)	ividual or another 18 001 22 18 22	1 ;
(The Limited Liability Company cannot serve as its own Ribusiness entity with an active Florida registration.) The name and the Florida street address of the Registered Agents Inc. No. 3030 N. Rocky Point Dr. STI	egistered Agent. You must designate an indi ne registered agent are: ame	ividual or another 18 OCT 22 19 12:	1)

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 (REOUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	Christopher Tse	
AMBR	1750 Sacramento St #112	
	San Francisco, CA 94109	
	San Francisco, CA 74107	
AMBR	Anthony Tse	
	1750 Sacramento St #112	
	San Francisco, CA 94109	
	- الرَّانِ 	<u>:</u>
		1:
		آ٠ —
(Use attachment if necessary)		
	₩.	
CLE V: Other provisions, if any.	**	

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida 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.

Christopher Tse

Typed or printed name of signee

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)