# L18000283606

(Re	questor's Name)	
(Ad	dress)	
DA)	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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#### COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Fusion Synergy LLC		
(Name of Re	sulting Florida Limited C	ompany)
The enclosed Articles of Conversion, Articles Susiness Entity" into a "Florida Limited L		and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all correspondence concernir	g this matter to:	
Eran Benghiat		
(Contact Person)		
Fusion Synergy INC		
(Firm/Company)		
3489 All American Blvd		
(Address)	· · · · · · · · · · · · · · · · · · ·	
Orlando, Ft. 32810		
(City, State and Zip Code)		
accounting@fusionsynergy.com		
E-mail Address: (to be used for future annual re	eport notifications)	
For further information concerning this ma	itter, please call:	
Eran Benghiat	at ()_63	7-7260
(Name of Contact Person)	(Area Code) (D	Paytime Telephone Number)
Enclosed is a check for the following amordollars and drawn on a bank located in the		essed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING	ADDRESS:
New Filing Section	New Filing	Section
Division of Corporations		Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6 Tallahassed	5527 c. FL 32314

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:  Fusion Synergy Inc \$\text{718-95886}\$
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Incorporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on [11/16/2018] (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Fusion Synergy LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 11/16/2018
(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 16 day of November	20 18
Signature of Authorized Representativ	e of Limited Liability Company:
Signature of Authorized Representative:	,
Signature of Authorized Representative: Printed Name: Eran Benghiat	Title: Authorized member
Signature(s) on behalf of Other Rusiness	Entity: [See below for required signature(s)]
Signature(s) on ochan of other pushess	Title: PRESIDENT
Signature:	
Printed Name: Eran Benghiat	Title: PRESIDENT
Signature:	· · · · · · · · · · · · · · · · · · ·
Printed Name: Innovative Dreams	Title: VICE PRESIDENT
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Trinted (varie)	True.
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Di	rector, or Officer.
If Directors or Officers have not been selec	
If Florida General Partnership or Limite	ed Liability Partnership:
Signature of one General Partner.	
If Florida Limited Doutnouchin on Limite	nd Linkility Limited Doutnambins
If Florida Limited Partnership or Limite Signatures of ALL General Partners.	ed Liability Limited Partnership:
Signatures of ALL General Farmers.	
All others:	
Signature of an authorized person.	
,	
<u>Fees:</u>	
Articles of Conversion:	\$35.00
	\$25.00 Signation \$125.00
Fees for Florida Articles of Organ	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limit	ed Liability Company is	:
Fusion Synergy LLC (Must co	ontain the words "Limited Liabil	ity Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Addre The mailing address an		rincipal office of the Limited Liability Company is:
Principal Office Add	ress:	Mailing Address:
3497 All American Blvd Orlando, FL 32810		Orlando, FL 32810
(The Limited Liability Compa- business entity with an active The name and the Flor	iny cannot serve as its own Regi e Florida registration.) rida street address of the tAN BENGHIAT	
	Nam	ic .
	7 MARGATE MEWS lorida street address (P.C	D. Box NOT acceptable)
LC	ONGWOOD	F1, 32779
	City	Zip
liability company registered agent and statutes relating to	at the place designated i agree to act in this capa the proper and complete	to accept service of process for the above stated limite in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S

(CONTINUED)

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	ERAN BENGHIAT
	137 MARGATE MEWS
	LONGWOOD, FL 327789
AMBR	INNOVATIVE DREAMS INC
	4995 WARRIOR LANE
	KISSIMMEE, FL 34746
<del></del>	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
	7
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	2
	2
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or  This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. 1 am aware that
Signature of a member or This document is executed in accordance any false information submitted in a docu	with section 605,0203 (1) (b), Florida Statutes, I am aware that
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, 1 am aware that ment to the Department of State constitutes a third degree felories.
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, 1 am aware tha

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)