# 19000109272

(Requestor's Na	me)
(Address)	
(Address)	
(City/State/Zip/P	hone #)
	,
	_
	r 🔄 MAIL
(Business Entity	(Name)
(Dusiness Entry	Name)
(Document Num	
(Document Num	iber)
Certified Copies Certified	cates of Status
·····	
Special Instructions to Filing Officer	:
· Office Use	e Only
K PAGE	
APR 3 0 2019	



04/18/19--01001--024 +\*165.00



### 

# **COVER LETTER**

**TO:** New Filing Section Division of Corporations

SUBJECT: Avizzor Technologies 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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Merari Cruz	
(Contact Person)	
Avizzor Technologies LLC	
(Firm Company)	
1400 NW 107 Ave Suite 310	
(Address)	
Miami, FL 33172	
 (City, State and Zip Code)	
deuroslo@avizzor.com	

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Merari Cruz at	( 786 )	708.8394
(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)

S150.00 Filing Fees	□5.55.00 Filing Fees	□S180.00 Filing Fees	<b>XI</b> \$185.00 Filing Fees,
(\$25 for Conversion	and Certificate of	and Certified Copy	Certified Copy, and
& \$125 for Articles	Sta Ls		Certificate of Status
of Organization)			

## STREET ADDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 52361 MAILING ADDRESS:

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

# Articles of Conversion For <u>"Other Business Entity"</u> 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:
	Avizzor Technologies Corp
	(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation (Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of \_\_\_\_\_

(Enter state, or if a non-U.S. entity, the name of the country)

	01/15/2018
on	

(date of organization, forntation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

Avizzor Technologies LLC

(Later Name of Florida Limited Liability Company)

05 01 2019 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 statutor. 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.



Signature of Authorized Representative of Lip Signature of Authorized Representative: Printed Name:	mited Liability Company:		
Signature of Authorized Representative:	A.S.		
Printed Name: Morars Cruz	Title: CEO		
Signature(s) on behalf of Other Basiness Entity			
$O(\mathcal{N})$	- [See below for required signature(s)]		
Signature:			
Printed Name: Merari Cau	Title: CFO		
Signature			
Signature: Printed Name:	Title:		
Signature: Printed Name:			
Printed Name:	Title:		
Signature:			
Signature: Printed Name:	Ti:le:		
Signature:			
Printed Name:	I nile:		
Signature:			
Printed Name:	Title:		
If Flowed a Community			
	or ∩tti sor		
Signature of Chairman, Vice Chairman, Director, o	er Officer. Incorporator must sign		
Signature of Chairman, Vice Chairman, Director, o If Directors or Officers halle not been selected, an I	incorporator must sign.		
Signature of Chairman, Vice Chairman, Director, o If Directors or Officers has e not been selected, an I If Florida General Partnership or Limited Liabi	incorporator must sign.		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, o If Directors or Officers has a not been selected, an I If Florida General Partnership or Limited Liabi Signature of one Cremeral Partner.	incorporator must sign.	· · · · · · · · · · · · · · · · · · ·	
Signature of Chairman, Vice Chairman, Director, o If Directors or Officers halle not been selected, an I If Florida General Partnership or Limited Liabi Signature of one Cremeral Partner.	incorporator must sign. Ility Partnership:	19	
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. If Florida Limited Partnership or Limited Liabi	incorporator must sign. Ility Partnership:	19 APR	
Signature of Chairman, Vice Chairman, Director, o If Directors or Officers halle not been selected, an I If Florida General Partnership or Limited Liabi Signature of one General Partner. If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	incorporator must sign. Ility Partnership:	APR	
Signature of Chairman, Vice Chairman, Director, o If Directors or Officers halle not been selected, an I If Florida General Partnership or Limited Liabi Signature of one General Partner. If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners. All others:	incorporator must sign. Ility Partnership:	APR 18	
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. If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners. All others:	incorporator must sign. Ility Partnership:	APR 18 AF	
Signature of Chairman, Vice Chairman, Director, o If Directors or Officers halle not been selected, an I If Florida General Partnership or Limited Liabi Signature of one General Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners. All others: Signature of an authorized person.	incorporator must sign. Ility Partnership:	APR 18 AF	
Signature of Chairman, Vice Chairman, Director, o If Directors or Officers halle not been selected, an I If Florida General Partnership or Limited Liabi Signature of one General Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person. Fees:	incorporator must sign. Ility Partnership:	APR 18	
Signature of Chairman, Vice Chairman, Director, o If Directors or Officers halle not been selected, an I <u>If Florida General Partnership or Limited Liabi</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liabi</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person. <u>Fees:</u> Articles of Conversion:	Incorporator must sign. <u>Ility Partnership:</u> <u>Ility Limited Partnership:</u> \$25.00	APR 18 AF	
Signature of Chairman, Vice Chairman, Director, o If Directors or Officers halle not been selected, an I If Florida General Partnership or Limited Liabi Signature of one General Partner. If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person. <u>Fees:</u> Articles of Conversion: Fees for Florida Acticles of Organization:	Incorporator must sign. <u>Ility Partnership:</u> <u>Ility Limited Partnership:</u> \$25.00 \$125.00	APR 18 AF	
Signature of Chairman, Vice Chairman, Director, o If Directors or Officers halle not been selected, an I <u>If Florida General Partnership or Limited Liabi</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liabi</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person. <u>Fees:</u> Articles of Conversion:	Incorporator must sign. <u>Ility Partnership:</u> <u>Ility Limited Partnership:</u> \$25.00	APR 18 AF	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE f - Name:

The name of the Limited Liability Company is:

Avizzor Technologies LLC

Mast contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

# ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1460 NW 107 2X2	Same as Principal
Suite 310	
Miami, FL 33.72	

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Lim: ed Fultion: Company cannot serve is its own Registered Agent. You must designate an individual or another business entito with an active Florida registration.)

The name and if e Florida street address of the registered agent are:

Merary Cruz Name 1400 NW 107 Ave 1 Salie 340

Florida street address (P.O. Box NOT acceptable)

Miami <u>FL 33172</u> City Zip

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. Thereby accept the appointment as registered agent and agree to act in this capacity. Tfurther 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..

2 Wh BI RAN CT

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

. .

• • • •

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR ' = Malager		
Manage:	Merari Cruz	
	1400 NW 107 Ave . Suite 310	
	<u>M.au.,</u>	
	<u> </u>	
		- <i>.</i>
		•
	······································	
	<u> </u>	
(Use attacnment if necessary)		• : :
· · · · · · · · · · · · · · · · · · ·	25 (NAC)	

ARTICLE V: Other provisions, if any.

j	REQUIRED SIGNATURE.
	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 last of a member of state constitutes a third degree felony as provided for in < 817.155. F S
	Merari Cour Typed or printed Jame of signee
	Typed or printed Jame of signee
	Filing Fees
	S125.0 ( Fling Fee for Articles of Organization and Designation of Registered Age

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)