# L19000 116777

(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

Office Use Only



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K Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE: 747666 4390271
AUTHORIZATION :
COST LIMIT: \$ 182.00
ORDER DATE : May 1, 2019
ORDER TIME : 12:51 PM
ORDER NO. : 747666-010
CUSTOMER NO: 4390271
DOMESTIC FILING
NAME: KERMA CAPITAL, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP  XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY
PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

## **COVER LETTER**

TO: New Filing Section Division of Corporations	,
SUBJECT: KERMA CAPITAL, LLC	
	sulting Florida Limited Company)
	cles of Organization, and fees are submitted to convert an "Other hiability Company" in accordance with s. 605.1045, F.S.
JEFFREY M. PERLOW, ESQ.	
(Contact Person)	
FROMBERG, PERLOW & KORNIK, P.A.	
(Firm/Company)	<del></del>
20295 NE 29TH PLACE, SUITE 200	
(Address)	
AVENTURA, FLORIDA 33180	
(City, State and Zip Code)	<del></del>
JPERLOW@FPK-LAW.COM	
E-mail Address: (to be used for future annual re	port notifications)
For further information concerning this ma	itter, please call:
JEFFREY M. PERLOW	nt (305 )933-2000
(Name of Contact Person)	at (305) 933-2000 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	int: (All checks processed 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 und Certified Copy  Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS11 (7/17)

### **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.

KERMA CAPITAL, INC. = PM - 12570
(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
02/13/2019 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  KERMA CAPITAL, LLC  (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.

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MECHETARY OF STARE

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Signed this 307th day of APRIL	20 19
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:	<del>1</del>
Printed Name: JEFFREY M. PERLOW	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
- Oh W	
Signature: PHILIP KERVB	Title: DIRECTOR
Signature: Printed Name: DAVID MALKA	Title: DIRECTOR
Signature:Printed Name:	Title
Printed Name:	Title
Signature:	
Printed Name:	
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilia	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
KERMA CAPITAL, LLC  (Must contain the words "Limited Liability	Company, "L.L.C." or "L.L.C."
(Must contain the words Emilied Elability	Company, D.D.C., VI D.D.C.
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
204 Notre-Dame Quest Ste 125	20295 NE 29th Place, Suite 200
Montreal QC H2Y 1T3 Canada	Aventura, Florida 33180
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re  Dade County Corporate Agents, I Name	ered Agent. You must designate an individual or another egistered agent are:
20295 NE 29th Place, Suite 200	
Florida street address (P.O.	Box NOT acceptable)
Aventura	FL 33180
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all verformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Jeffrey M. Perlow
	20295 NE 29th Place, Suite 200
	Aventura, FL 33180
MCD	Shlomi Ezra
MGR	19004 NE 29th Avenue
	Ayentura, FL 33180
	Ayentua, F1. 33160
<del></del>	
(Use attachment if necessary)	
(Ose attachment if necessary)	
(Ose attachment if necessary)	
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CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	r an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member of	r an authorized representative of a member co with section 605.0203 (1) (5), Florida Statutes, I am aware the
REQUIRED SIGNATURE:  Signature of a member of a member of any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance and the submitted in a document is executed in a document in a document is executed in a document in a document in a doc	ce with section 605,0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE:  Signature of a member of any false information submitted in a doc as provided for in s.817.155, F.S.	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member of any false information submitted in a doc as provided for in s.817.155, F.S.  Jeffrey M. Perlow, Authorized Representations of the submitted in a doc as provided for in s.817.155, F.S.	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felorentative
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-