L19000151688

(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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Office Use Only



500324060975

500324060975 04/18/19--01001--002 **132.50

500324060975 02/05/19--01018--019 **52.50

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Law Offices of George D. Perlman, PA

George D. Perlman NY, FI.
Brett Bernstein, Associate NY, FI.
Jennifer Haime, Associate DC, FI.
Benjamin Miller, Associate FI.

The Four Seasons Office Tower 1441 Brickell Avenue Suite 1400 Miami, Florida 33131 Tel.: (305) 374-5646 Fax: (305) 374-2650 Representative Office 4th Floor, 35 Piccadilly London W1J OLP, England Tel. 011 44 207 851 0100 Fax 011 44 207 851 0136

Of Counsel to Robert Allen Law E-Mail: jhaime@gplawintl.com

April 9, 2019

Sent via FedEx # 7749 2011 2092

Florida Department of State Division of Corporations Attn: Tyrone Scott Clifton Building 2661 Executive Center Cir. Tallahassee, FL 32301

Re: Ionic Holdings Inc. - Certificate of Conversion

Reference: W19000018600 Our File: 100193.001

Dear Mr. Scott,

In response to your letter (Number 619A00003940) dated March 18, 2019, enclosed please find the following:

- 1. Completed Articles of Conversion for "Other Business Entity" to Florida Limited Liability Company
- 2. A check for \$132.50 the difference between the \$52.50 previous paid and the \$185.00 listed on the cover page of the Certificate of Conversion;
- 3. A copy of your letter; and
- 4. A copy of the filed 2019 Annual Report.

Should you have any questions or concerns regarding this payment, please do not hesitate to contact me directly at jhaime@gplawintl.com or (305) 374-5646.

Kindest regards,

Jennifer/G. Haime

Enclosures

COVER LETTER

TO:	New Filing Se Division of C					
CUBI	ECT: lonic Hole	•				
SUBJ	ECI:	(Name of Res	rulting Florida Lin	nited Con	mpeny)	
Busin	ess Entity" into	a "Florida Limited Li	iability Compar	y" in a	d fees are submitted to conv ccordance with s. 605.1045,	
Please	e return all com	espondence concernin	g this matter to	•		
Jennife	er G. Haime					
		(Contact Person)	· · · · · · · · · · · · · · · · · · ·			19
Georg	e D. Perlman PA					
		(Firm/Company)		_		KAR R
1441 I	Brickell Avenue St	c 1400				27
-		(Address)				D.
Miemi	i, FL 33131					AM . O
(ATTERTITE	·	Situ State and Zin Code)	,	_		<u>ဖ</u> ယ
~~~~	)) atefilings@gplawi	City, State and Zip Code)				$\ddot{\omega}$
			: <del>C</del>			
E-T	nan Address: (to o	e used for future annual re	port nouncations)			
For fi	irther information	on concerning this ma	tter, please call	:		
Jennif	er Haime		at ( 305	374-5	5646	
	(Name of Conta	ct Person)	(Area Cod	a) (Day	time Telephone Number)	•
		or the following amou a bank located in the		process	sed by this office must be pa	ayable in US
(\$25 fc & \$125	i0.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	S180,00 Filin and Certified C	_	■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
New I Divis Clifto 2661	EET ADDRESS Filing Section ion of Corporat on Building Executive Cent hassee, FL 323	ions er Circle	New Divis P. O.	Filing S ion of C Box 63	Corporations	

INHS11 (7/17)

Signature of Authorized Representative of Limi	
Signature of Authorized Representative: #16	VI /VOJP
Printed Name: Albert Naggar	Title: Director
Signature(s) on behalf of Other Business Entity:	(See helow for required signature(s))
	loce octon ton radiation affirmer of all
Signature: Allert Nyst.	<del></del>
Printed Name: Albert Naggar	Title: President
<b>0</b> ′	
Signature:	Tèla
Printed Name:	
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Printed Name:	
Printed Name:	Title:
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Title:
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Title:
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or all Directors or Officers have not been selected, an Interest of Chairman or Limited Liability	Title: Officer. corporator must sign.
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or all Directors or Officers have not been selected, an Interest of Chairman or Limited Liability	Title: Officer. corporator must sign.
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.	Title: Officer. corporator must sign. ty Partnership:
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability	Title: Officer. corporator must sign. ty Partnership:
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability	Title: Officer. corporator must sign. ty Partnership:
Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Intellectors of General Partners or Limited Liability Signature of one General Partners.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Title: Officer. corporator must sign. ty Partnership:
Printed Name:  If Florida Corporation:  Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Intellectors of General Partners or Limited Liability Signature of one General Partners.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Title: Officer. corporator must sign. ty Partnership:
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Intel Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others: Signature of an authorized person.	Title: Officer. corporator must sign. ty Partnership:
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Intel Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others: Signature of an authorized person.	Title: Officer. corporator must sign. ty Partnership:
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others: Signature of an authorized person.	Title:Officer. corporator must sign. tv Partnership: tv Limited Partnership:
Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Intelligent of Control of the Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees;  Articles of Conversion:	Title: Officer. corporator must sign. ty Partnership:
Signature:  Printed Name:  If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Intelligent of General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees;  Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	Officer. corporator must sign. tv Partnership: tv Limited Partnership:

#### **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 Fiorida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior Ionic Holdings Inc.	to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity	<del>/)</del>
	1000099203
(Enter entity type. Example: corporation, limited partnershi	p, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	la
(Enter st	ate, or if a non-U.S. entity, the name of the country)
December 14, 2017 on	
(date of organization, formation or incorporation)	•
3. The name of the Florida Limited Liability Company as set f	orth in the attached Articles of Organization:
Ionic Holdings, LLC	
(Enter Name of Plorida Limited Liability Com	pany)
4. If not effective on the date of filing, enter the effective date:	when filed with the state
(The effective date: Cannot be prior to date of receipt or file the date this document is filed by the Florida Department of	ed date nor more than 90 calendar days after of State.)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in accordance wit	h 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.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Li-	ne:	
The name of the Li	mited Liability Company	' is:
Ionic Holdings, LLC		
(Mu:	st contain the words "Limited Lia	sbility Company, "L.L.C.," or "LLC.")
ADTICLE II. AJ	4	
ARTICLE II - Ad The mailing address		e principal office of the Limited Liability Company is:
The maning addres	s and sirect address of th	e principal office of the Elimica Elacting Company is:
Principal Office A	ddress:	Mailing Address:
1441 Brickell Avenue		1441 Brickell Avenue
Suite 1400		Suite 1400
Miami, Florida 33131		Miami, Florida 33131
(The Limited Liability Co business entity with an a		ered Office, & Registered Agent's Signature:  Legistered Agent. You must designate an individual or another  the registered agent are:
	<del></del>	ame
	,,	
	1441 Brickell Avenue Ste 14	100
	Florida street address (	P.O. Box NOT acceptable)
	Miami	FL 33131
	City	Zip
		nd to accept service of process for the above stated limited

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Albert Naggar
	1441 Brickell Avenue Ste 1400
	Miami, Florida 33131
	<del></del>
(Use attachment if necessary)	
(Ose attachment it necessary)	
LE V: Other provisions, if any.	
•	
<del></del>	
DECHIERD CICNATURE.	
REQUIRED SIGNATURE:	
	+M2 -
Signature of a member or	assutherized representative of a member
Signature of a member or This document is executed in accordance	a sauthorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awar
Signature of a member or This document is executed in accordance	a sauthorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awar
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in a.817.155, F.S.  Albert Naggar	nation and authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am awar ument to the Department of State constitutes a third degree
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in a.817.155, F.S.  Albert Naggar	

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

**ARTICLE IV-**