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Self-Serve Fax Cover Sheet

To: <u>Jessica</u> Fax #: 8 50-245-6804	From: Zhe Xin Xiong. Phone #: 347 - 403 - 2440
Date: 6/19/19	Reply Fax #: Urgent Confidential Confirm Receipt

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COVER LETTER

TO:	New Filing Section Division of Corpor	ions	•
SUBJ	ECT: BNXWorks LLC		
		(Nam : of Resulting Florida Limited Company)	'
The en Busine	closed Articles of Co ess Entity" into a "Flo	version Articles of Organization, and fees are submitted to ida Limited Liability Company" in accordance with s. 605.1	convert an "Othe 1045, F.S.
Please	return al! correspond	nce conserning this matter to:	1
Zhe Xin	ng Xiong		!
BNXW	(Cor-	ct Person	2019
13490 1	(Fire 02nd Terrace	. Company	2019 JETT 19
	(ldress)	9: P:
Largo, F	L, 33774		===: ===:
bnxwork	(City, Sta s@gmail.com	r and Zip t lode)	Pil le 21
E-ma	il Address: (to be used f	future an mal report notifications)	
For fun	ther information con-	ming this matter, please call:	;
Zhe Xing		at (\frac{347}{249}) \frac{403-2440}{240}	i
	(Name of Contact Perso	(Area Code) (Daytime Felephone Number)	
Enclose dollars a	d is a check for the fand drawn on a bank	cllowing amount: (All checks processed by this office must be coated it the United States)	e payable in US
\$25 for (or Articles Status	ficate of and Certified Copy Certificate of Status	
New Fil: Division Clifton F 1661 Ex	T ADDRESS: ing Section of Corporations Building ecutive Center Circlesce, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	:

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.

	ne of Other Business Entity)
/ The "Other Rusiness Entity" is a	ited Liability Corporation
(Enter entity type. Example: corp	poration, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated t	under the laws of
09/23/2012 on	
(date of organization, formation or incorpora	ation)
3. The name of the Florida Limited Liab BNXWorks LLC	oility Company as set forth in the attached Articles of Organization:
(Enter Name of Flo	rida Limited Liability Company)
4. If not effective on the date of filing, e	nter the effective date:
the date this document is filed by the I	meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been appro	oved in accordance with all applicable statutes.
	y" has agreed to pay any members having appraisal rights the amount to ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 19th	day of June	20 <u>19</u> .	
Signature of Au	thorized Representative of Lin	nited Liability Company:	
Signature of Aut Printed Name: Zh	horized Representative:	Title: Manager	
Signature(s) on l	behalf of Other Business Entity:	[See below for required signature(s)]	
Signature:	1	Title: Manager	
Printed Name:	The Xind Xiony	Title:	
Signature: Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature: Printed Name:		Title:	
Signature: Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
If Directors or O	irman, Vice Chairman, Director, officers have not been selected, an I	ncorporator must sign.	
Signature of one	r <mark>al Partnership or Limited Liabi</mark> General Partner.	nty Partnership:	
	<u>ed Partnership or Limited Liabi</u> <u>I.</u> General Partners.	lity Limited Partnership:	
All others: Signature of an a	uthorized person.		
Fees:			
Fees for Certified	of Conversion: Florida Articles of Organization: Copy: te of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	ris:
BNXWorks LLC	
(Must contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address
Trincipal Office Address.	Mailing Address:
13490 102nd Terrace,	13490 102nd Terrace,
Largo, FL	Largo, FL
33774	33774
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
Zhe Xing Xiong	
Na	ame
13490 102nd Terrace	
Florida street address (I	P.O. Box NOT acceptable)
Largo	FL 33774
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, 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 (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" = Manager	
MGR	Zhe Xing Xiong
	13490 102nd Terrace
	Largo, FL 33774
MGR	Brandon Yee
	655 W Irving Park Rd #1513
	Chicago, IL 60613
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	v
<i>a</i> '	A.
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felon
Zhe Xing Xiong	
Ty	ped or printed name of signee
•	Filing Foes

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)