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12905 SW 42 STREET Suite: 210 MIAMI, FL 33175 Phone: 305-444-4994

Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1.	By Sabin (CORPORATE NAME)	Interna:	tional,	Corp.	<i>P11000</i> 0 235 <i>0</i> 0 1ent#)
2.	(CORPORATE NAME)			(DOCUM	1ENT #)
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	New Filings
	Profit
	Non-Profit
	Limited Liability
	Other:
X	Conversion

Amendments
Amendments
Resignation
Dissolution/Withdrawal
Other:

Other Filings
Annual Report
Fictitious Name
Apostille:
Other:

Examiners Ir	nitials	

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.

51414	
	he name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ABIN INTERNATIONAL, CORP.
	(Enter Name of Other Business Entity)
2. Th	he "Other Business Entity" is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First	organized, formed or incorporated under the laws of
	3/21/2011
(d	date of organization, formation or incorporation)
3. Th	he name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BY SA	ABIN INTERNATIONAL, LLC
	(Enter Name of Florida Limited Liability Company)
(The the d Note:	not effective on the date of filing, enter the effective date: effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after late this document is filed by the Florida Department of State.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
5. Th	e plan of conversion has been approved in accordance with all applicable statutes.
	e "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to hich such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.

Signed this 26 day of AUGUST 20 19
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Ralph Sabin Printed Name: RALPH I. SABIN Title: PRESIDENT
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Ralph Sabin
Printed Name: RALPH I. SABIN Title: AMBR
Signature: Title:
Signature: Title: Title:
Signature: Title:
Signature: 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 Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.
All others: Signature of an authorized person.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Company is:		
BY SABIN INTERNATIONAL, LLC.		
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LEC.")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
14160 NORTH WEST 77TH COURT		
SUITE #100	SAME	
MIAMI LAKES, FL 33016		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. You must designate an individual o	gnature: or another
RALPH I. SABIN		
Name		
	DT CLUTTE WAS	
14160 NORTH WEST 77TH COU Florida street address (P.O.	·	
Florida sueet address (F.O.	box <u>NOT</u> acceptable)	
MIAMI LAKES	FL 33016	
City	Zip	
Having been named as registered agent and to liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as reginal Registered Agent's Signal	this certificate, I hereby accept the a v. I further agree to comply with th erformance of my duties, and I am fo stered agent as provided for in Cha	appointment as se provisions of all amiliar with and
(CONTINU	ED)	FILED 18 AUG 27 PM 12: 18

<u>Fitle:</u> 'AMBR" = Authorized Member 'MGR" = Manager	Name and Address:
AMBR	RALPH I. SABIN
***	14160 NORTH WEST 77TH COURT SUITE #100
	MIAMI LAKES, FL 33016

REQUIRED SIGNATURE:

ARTICLE V: Other provisions, if any.

Ralph Sabin

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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

RALPH I. SABIN

Typed or printed name of signee

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