U19000738766

| (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



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Tallahassee, FL 32301

TO: New Filing Section

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: INFINITY TOURS USA, INC |
|---|
| (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. |
| (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) |
| 10/21/2015 |
| on |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization : INFINITY TOURS USA, 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.

SECRITORISTATION OF STATE

| Signed this 12TH day of SEPTEMBER | 20 <u>19</u> |
|--|---------------------------------------|
| Signature of Authorized Representative of Lim | |
| Signature of Authorized Representative: Printed Name: GEORGE SIMHA | |
| Signature of Authorized Representative: | |
| Printed Name: GEORGE SIMHA | Title: MANAGER |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: Printed Name: GEORGE SIMHA | |
| Printed Name: GEORGE SIMHA | Title: MANAGER |
| > - 1 | |
| Signature: Printed Name: | |
| Printed Name: | Title: |
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| Signature:Printed Name: | 95.1 |
| Printed Name: | little: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer. |
| If Directors or Officers have not been selected, an In- | corporator must sign. |
| | • |
| If Florida General Partnership or Limited Liabili | ty Partnership: |
| Signature of one General Partner. | |
| TO 121 - 121 - 121 - 122 - 123 - 123 - 123 - 123 - 123 - 123 - 123 - 123 - 123 - 123 - 123 - 123 - 123 - 123 - | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of ALL General Partners. | |
| All others | |
| All others: Signature of an authorized person. | |
| Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |
| | · · · · · · · · · · · · · · · · · · · |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: |
|---|
| INFINITY TOURS USA, LLC |
| (Must contain the words "Eimited Erability 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: |
| 7040 PASTURELANDS PL. 7040 PASTURELANDS PL. |
| WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 |
| The name and the Florida street address of the registered agent are: GEORGE SIMHA Name |
| |
| 7040 PASTURELANDS PL. Florida street address (P.O. Box NOT acceptable) |
| · · · · · · · · · · · · · · · · · · · |
| WINTER GARDEN FL 34787 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)

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

| | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MANAGER | GEORGE SIMHA |
| | 7040 PASTURELANDS PL. |
| | WINTER GARDEN, FL 34787 |
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| (Use attachment if necessary) | |
| RTICLE V: Other provisions, if any. | |
| RTICLE V: Other provisions, if any. REQUIRED SIGNATURE: | <u> </u> |
| | <u></u> |
| REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance. | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony |
| REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document of the second of the s | with section 605,0203 (1) (b), Florida Statutes, I am aware that |

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)