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(Re	equestor's Name)		
(Address)			
(Ad	dress)		
(Cit	ty/State/Zip/Phone	: #)	
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PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2020

IIYA ZLATKIN 4245 N KNOX AVE CHICAGO, IL 60641

SUBJECT: ERICA ECKAMN LLC Ref. Number: W20000028788

We have received your document for ERICA ECKAMN LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

www.sunbiz.org

Letter Number: 620A00005976

COVER LETTER

TO:	New Filing S Division of C				
SUR.	JECT: Erica Ec	kman LLC			
., ., .,		(Name of Res	sulting Florida Lim	ited Con	npany)
					d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Ilya Z	latkin				
		(Contact Person)		_	
Zlatki	n Wong LLP			_	
		(Firm/Company)			
4245	N. Knox Avenue			_	
		(Address)			
Chica	igo, IL 60641				
	(1	City, State and Zip Code)		_	
	zlatkinwong.com 			_	
H-1	nail Address: (to b	be used for future annual re	port notifications)		
For fi	arther informati	on concerning this ma	tter, please call:		
Ilya Z	latkin		at (809-	8022
	(Name of Conta	ict Person)	(Area Code	·) (Day	time Telephone Number)
		for the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fo & \$12.	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add	ress:		Street	Address:
	New Filing S				Filing Section
	Division of C P.O. Box 632	-			ion of Corporations Centre of Tallahassee
	Tallahassee. 1				N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Erica Eckman LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (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)
May 14, 2015
on May 14, 2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Erica Eckman 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.



Signed this 24 day of March	20_20	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: Printed Name: Erica Eckman	Manager Title: Manager	
Signature(s) on behalf of Other Business Entity:	 See below for required sign	ature(s)
Signature: Luca Ecoman Printed Name: Enca Ecoman	• •	
Printed Name: Essa Ecrman	Title Manager	
Timed Name.	11110.	<u> </u>
Signature:		
Signature:	Title:	
Signature:Printed Name:	Title	
Signature: Printed Name:		
Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
<u>If Florida Corporation:</u>		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an In	corporator must sign.	
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnarchine	
Signature of one General Partner.	cy raithership.	
If Florida Limited Partnership or Limited Liabili	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:	\$125.00	
Certified Copy:	\$30.00 (Optional)	Č
Certificate of Status:	\$5.00 (Optional)	!

1771 MAR 25 AM 9: 4.7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

mpany is:
mted Liability Company, "L.L.C.," or "LLC")
s of the principal office of the Limited Liability Company is:
Mailing Address:
101 E. Camino Real, APT 521
Boca Raton, FL 33432
ts own Registered Agent. You must designate an individual or another it.) ess of the registered agent are:
······
Name
al, APT 521
dress (P.O. Box <u>NOT</u> acceptable)
F1. 33432
y Zip
gent and to accept service of process for the above stated limited signated in this certificate. I hereby accept the appointment as
111

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Erica Eckman 101 E. Camino Real, APT 521
	Boca Raton, FL 33432
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	
	3. 22. To
REQUIRED SIGNATURE:	Pon HAR 25
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 iment to the Department of State constitutes a third degree fellowy
Erica Eckman	
Ту	yped or printed name of signee

<u>Filing Fees</u>

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)