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| Certified Copies | . Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

| O: New Filing Section Division of Corporations |
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| · |
| SUBJECT: One Path Trading, LLC (Name of Resulting Florida Limited Company) |
| The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerning this matter to: |
| Kathryn Burshtein |
| (Contact Person) |
| One Path Trading, LLC |
| (Firm/Company) |
| 4086 Aspen Chase Drive |
| (Address) |
| Naples. FL 34119 |
| (City, State and Zip Code) |
| kathryn@onepathtrading.com |
| E-mail Address: (to be used for future annual report notifications) |
| For further information concerning this matter, please call: |
| Kathryn Burshtein at (203-253-4328 |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| inclosed is a check for the following amount: (All checks processed by this office must be payable in US lollars and drawn on a bank located in the United States) |
| S \$150.00 Filing Fees S \$155.00 Filing Fees S \$180.00 Filing Fees S \$185.00 Filing Fees S \$185.00 Filing Fees S \$185.00 Filing Fees Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certificate of Status Certificate of Status |
| Mailing Address: Street Address: |
| New Filing Section New Filing Section |
| Division of Corporations Division of Corporations |
| P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 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.

| One Path Trading, LLC (Enter Name of Other Business Entity) | ÷ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| (Effect Name of Other Business Emily) | |
| 2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, commo | on law or business trust, etc. |
| First organized, formed or incorporated under the laws of Connecticut | |
| (Enter state, or if a non-U.S. entity, the | name of the country) |
| on 10/20/2015 | |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Arti | icles of Organization: |
| One Path Trading, 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 5 | 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 dat document's effective date on the Department of State's records. | e will not be listed as the |
| 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 appraisable such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S. | |
| | 2020 APR -6 |
| | APR T |
| | STORY |

| Signed thi | s 19 day of March | 20 20 |
|-------------------------|---------------------------------|-------------------------------------------------|
| | | ve of Limited Liability Company: |
| Cianutura | of Anthorized Representative | Title: Member |
| Signature Printed Ma | on Mithiorized Representative. | Title: Member |
| rimicu na | mile. Naanyn Bereinen | Title, monoci |
| <u>Signature</u> | (s) on behalf of Other Busines | s Entity: [See below for required signature(s)] |
| Signature: | unc lames Burstlein | elen _ |
| Printed Ng | unc: James Burstileur | Title: Member |
| | | |
| Signature: | | |
| Printed Na | me: | Title: |
| | | |
| Signature: | | |
| Printed Na | ime: | Title: |
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| Signature: | | Title: |
| Printed No | me: | Title; |
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| Signature: | | Title: |
| Printed No | nne: | Title: |
| | | |
| Signature: | | 100.1 |
| Printed Na | ime: | Title: |
| 1f Elorida | Corporation: | |
| | of Chairman, Vice Chairman, E | Director or Officer |
| | | ected, an Incorporator must sign. |
| 11 1511661151 | of officers have not been been | ered an inverporation made organ |
| If Florida | General Partnership or Limi | ted Liability Partnership: |
| | of one General Partner. | |
| _ | | |
| If Florida | Limited Partnership or Limi | ted Liability Limited Partnership: |
| Signatures | of ALL General Partners. | |
| C | | |
| All others | <u>::</u> | |
| Signature | s: of an authorized person. | |
| | | |
| Pees: | | |
| | | |
| Aı | ticles of Conversion: | \$25.00 |
| Fe | es for Florida Articles of Orga | mization: \$125.00 |
| | ertified Copy: | \$30.00 (Optional) |
| | ertificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| The name of the Limited Liability Company is: | |
| | |
| One Path Trading, LLC | |
| (Must contain the words "Limited Liability | Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the pri | neipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 4086 Aspen Chase Drive Naples, FL 34119 | 4086 Aspen Chase Drive Naples, FL 34119 |
| | |
| 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 re- | egistered agent are: |
| Jeffrey R. Grant, Esq. | |
| Name | |
| 5147 Castello Drive | |
| Florida street address (P.O. | Box NOT acceptable) |

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.,

34103

Zip

Registered Agent's Signature (REQUIRED)

Naples

City

(CONTINUED)

ARTICLE IV-

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

| Title: | Name and Address: | |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager AMBR | Kathryn Burshtein, | |
| /Williams | 4086 Aspen Chase Drive Naples, FL 34119 | |
| | | |
| | | |
| AMBR | James Burshtein | |
| | 4086 Aspen Chase Drive Naples, Ft. 34119 | |
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| (11-2-24 | | |
| (Use attachment if necessary) | | |
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| LE V: Other provisions, if any. | | |
| | | |
| | | |
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| | | |
| DEALBIDEN CLOSE COLLEGE | | |
| REQUIRED SIGNATURE: | | |
| REQUIRED SIGNATURE: | | |
| REQUIRED SIGNATURE: | | |
| Signature of a member of | or an authorized representative of a member | |
| Signature of a member of This document is executed in accordance. | nce with section 605.0203 (1) (b), Florida Statutes, Lam aware | |
| Signature of a member of This document is executed in accordance. | or an authorized representative of a member nce with section 605.0203 (1) (b). Florida Statutes. I am aware becoment to the Department of State constitutes a third degree fo | |

Typed or printed name of signee

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)