

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

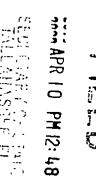
K. PAGE

APR 1 4 2020



600342756636

04/10/20--01011--023 \*\*150.00



# **COVER LETTER**

TO: New Filing Sec	tion		
Division of Cor	porations		
SUBJECT:	AFA AD	VISURS LL	C
	(Name of Res	sulting Florida Limited Co	ompany)
The enclosed Articles of Business Entity" into a	of Conversion, Artic "Florida Limited Li	les of Organization, a ability Company" in	accordance with s. 605.1045, F.S.
Please return all corresp	pondence concerning	g this matter to:	
PHYLLIS	(Contact Person)	;	
	(Contact Person)		
HIA AT	) V: らいと しし (Firm/Company)		
•	(Firm/Company)		
2005	PALMIR 1	hi - 417	$\mathcal{V}$
	(Address)		
LARCIN	nont NY	10538	
(City	7. State and Zip Code)		
Phyllig	s @ america	an Fundadus	ars (RY)
E-mail Address: (to be us	sed for future annual rep	ort notifications)	
For further information	concerning this mat	ter, please call:	
			C-1
PHYLLIS PAL (Name of Contact F	ercon)	at $(5/6)4$	8 1-0200
Enclosed is a check for the dollars and drawn on a b	the following amour pank located in the U	nt: (All checks proces Jnited States)	sed by this office must be payable in US
(\$25 for Conversion an	<b>1\$</b> 155.00 Filing Fees and Certificate of latus	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address	<u>s:</u>	Stree	t Address:
New Filing Secti		New	Filing Section
Division of Corp P.O. Box 6327	orations		ion of Corporations
エ・シ・ロひれ ひコム/		the t	enire of Tallahaceaa

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  AMEKICAN TOP ADVISAS INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPOR ATOM (FO) - (1) (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of/Vew_York
(Enter state, or if a non-U.S. entity, the name of the country)
on 9/15/1978 .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1/27/19
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 /St day of /t/://	20_22)		
Signature of Authorized Representative of Limi			
Signature of Authorized Representative: //w/l	Title:		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature:			
Printed Name: BARRY GORDON	Title: CHAIRMAN		
Signature: Marc H Klee			
Signature: Marc H Klee Printed Name: MARC KLCO	Title: Exconve Vice Pres.	ハピイナ	
Signature:			
Signature: Printed Name:	Title:		
Signature: Printed Name:	Title:		
Signature:			
Signature: Printed Name:	Title:		
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership:		
Signatures of ALL General Partners.			
All others: Signature of an authorized person.			
<u>Fees:</u>		(n -	١.
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00	non AP	;

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
HIA ADVISUX	SLLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2005 PALMER AVE SUIR 172 Lithcommon NY 10>38	Silme
Lithernont Ny 10>35	
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 results	red Agent. You must designate an individual or another
Name	KDOM
7600 (1. 4	-VERA PLACE
Florida street address (P.O.	
DELRAY BEACHT City	Zip
Having been named as registered agent and to liability company at the place designated in r registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
(CONTINU	SED)

A	RI	ľ	CI	L.R	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	
/tmBL	BARRY J. WORDIN
	DEURPY BEACH FL 3344
AMBL	
	MARCH. KLE C 17 MARION DRIVE NEW ROCHELLE, NY 10804
	New Rochere NY 10 Soy
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Lyle G	Linder PA
	$\omega$
I his document is executed in accordance w	n authorized representative of a member ith section 605.0203 (1) (b). Florida Statutes, I am aware that to the Department of State constitutes a third degree felon
_	is PALUMBO
	d or printed name of signce
\$125.00 EHE - E - 6 - A - C - A	Filing Fees Organization and Designation of Registered Ag

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