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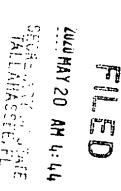
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2020

DONALD S ZEBRASKI 11352 W STATE RD 84, #46 DAVIE, FL 33325

SUBJECT: IOG, LLC

Ref. Number: W20000005950

We have received your document for IOG, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

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

Letter Number: 520A00001707

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT:
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Oth Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Donald Zebraski
IOG Properties, LLC
Donald Zebraski Contact Person) TOG Properties, LLC (Firm/Company) 11352 W State Rd 84 #46 (Address)
Davie FL 33325
Davie FL 33325 (City. State and Zip Code) don zebraski @gmail. com E-mail Address (to be used for future annual report notifications)
For further information concerning this matter, please call:
Doneld Zebreski at (678), 251 - 6111 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in U dollars and drawn on a bank located in the United States)
S150.00 Filing Fees (\$155.00 Filing Fees and Certified Copy and Certified Copy and Certified Copy and Certificate of Organization) S150.00 Filing Fees and Certified Copy and Certified Copy and Certified Copy and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

INHS11 (7/17)

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

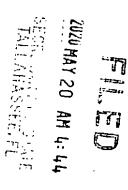
"Other Business Entity"

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.

1. The name of the	ne "Other Business Entity" imm	nediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Othe	er Business Entity)
2. The "Other Bu (Enter	isiness Entity" is a entity type. Example: corporation, l	imited partnership, general partnership, common law or business trust, etc.)
	ormed or incorporated under the	
on / (date of organiza	8/2017	(Enter state, or is a non-old, entity, the name of the country)
	he Florida Limited Liability Co Froparties LL (Enter Name of Florida Limi	impany as set forth in the attached Articles of Organization:
4. If not effective da the date this doe Note: If the date inse	e on the date of filing, enter the ite: Cannot be prior to date of cument is filed by the Florida	effective date: 12/32/2019 f receipt or filed date nor more than 90 calendar days after Department of State.) applicable statutory filing requirements, this date will not be listed as the
5. The plan of cor	nversion has been approved in	accordance with all applicable statutes.
		agreed to pay any members having appraisal rights the amount to 1006 and 605.1061-605.1072, F.S.



Signed this 28 th day of February	20 <u>20</u>
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: 10.7510 286-576.	Title: Manage-
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature That am Printed Name FRLAKEMI ONAYEMI	Title: Denage
Signature: Printed Name:	Title:
Signature:Printed Name:	Tide:
Signature:Printed Name:	Title:
Signature: Printed Name:	_ Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	tv Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

	IUG Propert	res, C	LC		
(Mus	t contain the words "Limited Liab	ility Company, "L	L.C.," or "LLC.")		
ARTICLE II - Add The mailing address	Iress: s and street address of the	principal offic	re of the Limited I.	iability Company	y is:
Principal Office Ac		Mailing a	Address:		
1141 NW	101" WEG	11352	W. Shete Rl	84 #4E	
Plantation,	FC 33322	Davie	-, FL 33	325	
The Limited Liability Corbusiness entity with an ac	egistered Agent, Register mpany cannot serve as its own Rej ctive Florida registration)	gistered Agent, Yo	or must designate an indi-		
The name and the F	Torida street address of the				
	Dona Co	26, c3k,			
	Dona O Ze	me			
	Florida street address (P				
	Plantation	FL.	33322		
	City		Zip		
liability compa registered agent c statutes relating	ned as registered agent and any at the place designated ind agree to act in this cap i to the proper and complet ligations of my position as	t in this certific acity. I furthe te performance	rate, I hereby accept ragree to comply we of my duties, and	ot the appointment with the provision I am familiar with	t as s of all r and
	Registered Agent's S			<u>د</u> دی	2
		ignature (REC	OUIRED)	SEES FAILANASSEE FLE	
				Fi 🕹	

AMBR" = Authorized Member	Name and Address:
MGR" = Manager MG-R	Donald Zebraski
	1141 NW 1018 W27 Plantation. FL 33322
MGR	Flatation, FL 33322 Folakeni Oneyemi
1101	1141 NW 101# Way
	Plantition FL 33322
J-UF-Little	
Use attachment if necessary)	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the
any lalse information submitted in a docu- as provided for in \$.817.155, F.S.	ment to the Department of State constitutes a third degree felo
Donald S Zebr	ped or printed name of signee
T.	ped or printed name of signee
Ty \$125.00 Filing Fee for Articles (\$ 30.00 Certified Copy (Option	Filing Fees