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(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	cument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only

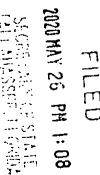
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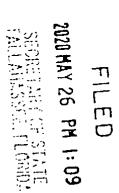
TO: New Filin Division of	g Section of Corporations	·		
SHRIFCT: ABR	AHAM J FISHER LLC			
30D0ECT	(Name of Res	ulting Florida Limit	ed Com	npany)
				d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please return all c	correspondence concernin	g this matter to:		
BER A. FISHER				
	(Contact Person)		_	
ABRAHAM J FISH	IER LLC			
	(Firm/Company)		-	
4414 N US HIGHV	VAY 17			
	(Address)		•	
DELAND, FLORID	A 32720			
	(City, State and Zip Code)		-	
AISHENKO@BST	STRATEGIES.COM			
E-mail Address:	(to be used for future annual re	port notifications)	-	
For further inform	nation concerning this ma	tter, please call:		
BER A. FISHER		at (²⁰¹ _	428-9	9192
(Name of C	'ontact Person)		(Day	time Telephone Number)
	ck for the following amou ton a bank located in the		rocess	sed by this office must be payable in US
☐ \$150.00 Filing For (\$25 for Conversion & \$125 for Articles of Organization)	ees S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		■\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing A			_	Address:
	ng Section of Corporations			Filing Section on of Corporations
P.O. Box	•			entre of Tallahassee

2415 N. Monroe 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 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 "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ABRAHAM J FISHER LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of NEW YORK (Enter state, or if a non-U.S. entity, the name of the country)
on 03/24/2017
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ABRAHAM J FISHER 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.

Signed this <u>12</u>	day of MAY	_ 2020
Signature of Autl	norized Representative of Limi	ted Liability Company:
Signatura of Author	orized Representative:	1
Signature of Autili Drintad Mamar BER	A FISHER	Title: MEMBER
rimed Name. Der	VA. FIGHER	
Signature(s) on be	chalf of Other Business Entity:	See below for required signature(s)
Signature: B	A. FISHER	
Printed Name: BER	A. FISHER	Title: MEMBER
Signatura:		
Orginature. Printed Name:		Title:
rimed Name	· · · · · · · · · · · · · · · · · · · 	_ rac.
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
If Florida Corpor	ation:	
	nan, Vice Chairman, Director, or	Officer
	cers have not been selected, an In-	
<u>lf Florida Genera</u>	<u>l Partnership or Limited Liabili</u>	ty Partnership:
Signature of one G	eneral Partner.	
16 Clasida Limitad	l Dantmanskin an Limited Liabili	ty Limited Partnarching
II Florida Limited Signatures of <u>ALL</u>	l Partnership or Limited Liabili General Partners	ty Limited Partnership.
organities of ALL	Ceneral valuers.	
All others:		
Signature of an aut	horized person.	
Fees:		
Articles of	Conversion:	\$25.00
	orida Articles of Organization:	\$125.00
Certified C	_	\$30.00 (Optional)
Certificate	• •	\$5.00 (Optional)
	•	\ 1 /

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
ABRAHAM J FISHER LLC (Must contain the words "Limited Liability Company, "I	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address: Mailing	Address:
4414 N US HIGHWAY 17PO BOXDELAND, FL 32720DE LEOI	1102 N SPRINGS, FL 32130
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Agent. Yo business entity with an active Florida registration.) The name and the Florida street address of the registered a	ou must designate an individual or another
BER A. FISHER Name	
4414 N US HIGHWAY 17	
Florida street address (P.O. Box NOT	_acceptable)
DELAND FL 327	720
City	Zip
Having been named as registered agent and to accept ser liability company at the place designated in this certific registered agent and agree to act in this capacity. I furthe statutes relating to the proper and complete performance accept the obligations of my position as registered agence Registered Agent's Signature (REG	cate, I hereby accept the appointment as er agree to comply with the provisions of all see of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-

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

	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	BER A. FISHER	
	4414 N US HIGHWAY 17	
	DELAND, FLORIDA 32720	
(Use attachment if necessary)		
(Use attachment if necessary) CLE V: Other provisions, if any. REQUIRED SIGNATURE:		
CLE V: Other provisions, if any.	1 member 5/12/20	
CLE V: Other provisions, if any.	member slialavau	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am a ment to the Department of State constitutes a third deg	iware t
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am a ment to the Department of State constitutes a third deg	iware t

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

COVER LETTER

TO: New Filing S Division of C				
SUBJECT: ABRAH	AM J FISHER LLC			
Sobole C.	(Name of Re	sulting Florida Limit	ed Con	ipany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
BER A. FISHER				
	(Contact Person)			
ABRAHAM J FISHER	LLC			
	(Firm/Company)			
4414 N US HIGHWAY	′ 17			
	(Address)			
DELAND, FLORIDA 3	2720			
	City, State and Zip Code)			
AISHENKO@BSTSTF				
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
BER A. FISHER		_at (201	428-9	9192
(Name of Conta	ict Person)	(Area Code)	(Day	0192 time Telephone Number)
	or the following amou a bank located in the		ocess	ed by this office must be payable in US
\$150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing I and Certified Copy		\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Addi New Filing So Division of C	ection orporations] 	New F Divisio	Address: Filing Section on of Corporations entry of Tallabasses

2415 N. Monroe 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: ABRAHAM J FISHER LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on O3 24 2017 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: ABRAHAM J FISHER 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 <u>12</u>	day of <u>MAY</u>	20
<u>Signatt</u>	are of Author	rized Representative of	Limited Liability Company:
Signatu Printed	re of Authori: Name: <u>BER A.</u>	zed Representative: FISHER	Title: MEMBER
	_		ity: See below for required signature(s)
Signatu Printed	re: BER A.	FISHER	Title: MEMBER
Signatur Printed	re: Name:		Title:
Signatur Printed 1	re: Name:		Title:
Signatur		on: n. Vice Chairman. Director s have not been selected, a	
	da General Pa re of one Gene	artnership or Limited Li ral Partner.	ability Partnership:
If Florid	<u>la Limited Pa</u> es of <u>ALL</u> Ge	urtnership or Limited Lie meral Partners.	ability Limited Partnership:
All othe Signatur	rs: e of an author	ized person.	
Fees:			
· (Articles of Co Fees for Floric Certified Cop Certificate of	da Articles of Organizations:	\$25.00 on: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - The name of the	ne Limited Liability Comp	pany is:	
ABRAHAM J FI	SHER LLC		
	(Must contain the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	- Addrose:		
		of the principal office of the Limited	Liability Company is:
Principal Offi	ce Address:	Mailing Address:	
4414 N US HIG	HWAY 17	PO BOX 1102	
DELAND, FL 32		DE LEON SPRINGS, FL 32	2130
(The Limited Liabil business entity with	ity Company cannot serve as its of han active Florida registration.)	gistered Office, & Registered Ager own Registered Agent. You must designate an ir of the registered agent are: Name	FILED SECRETARY OF STATE TALLAHASSEE, FLORID
	Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	
	DELAND	FL ³²⁷²⁰	⊕ ≓ 3
	City	Zip	
liability co registered ag statutes relo	ompany at the place desigent and agree to act in this ating to the proper and costing to the proper and costiles of my positions.	nt and to accept service of process for mated in this certificate, I hereby accepts is capacity. I further agree to comply implete performance of my duties, and on as registered agent as provided for 5/12/20	ept the appointment as with the provisions of ald I am familiar with and in Chapter 605, F.S

(CONTINUED)

<u>l'itle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	BER A. FISHER 4414 N US HIGHWAY 17
	DELAND, FLORIDA 32720
	DEEAND, FEOTION 62720
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	Member 5/12/2020
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a membe
REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a membe
REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a membe
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I amount to the Department of State constitutes a third de
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document and the submitted in a document is a submitted in a document in a	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I amount to the Department of State constitutes a third de

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

ARTICLE IV-