L2000019802

(Requestor's Name)				
(Address)				
(Address)				
(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

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February 17, 2020

BORIS LOPEZ 5671 SW 99TH AVE MIAMI, FL 33173

SUBJECT: IKURA, LLC

Ref. Number: W20000016289

We have received your document for IKURA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete correct conversion application and pay balance due.,

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return the corrected original and one copy of 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.

Letter Number: 920A00003471

Tyrone Scott Regulatory Specialist II New Filings Section

COVER LETTER

TO:	New Filing S				
	Division of C	•			
SUBJ	lkura L JECT:				
		(Name of Re	sulting Florida Limi	ted Con	npany)
					nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	e return all cori	espondence concernin	g this matter to:		
Alvar	o Erminy				
Ikura		(Contact Person)		-	
143 G	Biralda Ave	(Firm/Company)		-	
Coral	Gables, Fl, 331	(Address)		-	
alvae	(rmi@gmail.com	City, State and Zip Code)		-	
E-m	nail Address: (to b	oe used for future annual re	port notifications)	•	
For fu	rther informati	on concerning this ma	tter, please call:		
Alvaro	o Erminy		305 at (927	7112
	(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
\$25 for \$ \$125	0.00 Filing Fees Conversion for Articles nization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632	ection orporations		New F Divisi	Address: Filing Section on of Corporations 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 <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: IKURA INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a INC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
on 11/02/2012 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
IKURA LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Jan 1st 2020 (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 01 day of June	2020
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: <u>Sabi</u> Printed Name: <u>Sabrina Tobia</u>	Title: President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: <u>Satrina Totia</u> Printed Name: <u>Satrino Totia</u>	Title: <u>President</u>
Signature: ALVARY ERMINY	Title: MA~AGES
Signature:Printed Name:	
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 In	Officer.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty 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

	- Name:		
The name of t	he Limited Liability Cor	npany is:	
IKURA LLC		<u> </u>	
	(Must contain the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II	- Address:		
		of the principal office of the Limited	d Liability Company is:
Principal Off		Mailing Address:	, Program
143 GIRALDA		143 GIRALDA AVE	
CORAL GABLE	S FL 33134	CORAL GABLES FL 33134	
			-
business entity wit	the Florida street address	egistered Office, & Registered Ager own Registered Agent. You must designate an in s of the registered agent are:	idividual or another
	Sabrina TObia	N	H I
		Name	SST T
	5671 SW 99TH AVE		ED PH 3: 01 FSTATE FE, FLORIDA
	Florida street addre	ess (P.O. Box NOT acceptable)	ن ج
	MIAMI	33173 FL	2 C
	City	Zip	
Having been	named as registered agei	nt and to accept service of process for mated in this certificate, I hereby acce	the above stated limited

(CONTINUED)

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
PRESIDENT	SABRINA TOBIA			
	5671 SW 99TH AVE MIAMI FL 33173			
MGR	ALVARO ERMINY			
	10433 NW 70TH LN MIAMI FL 33178			
(Use attachment if necessary)				
CLE V: Other provisions, if any.				
REQUIRED SIGNATURE:				
Sabrina Zobia				
This document is executed in accordance v	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the nent to the Department of State constitutes a third degree felor			
as provided for in s.817.155, F.S.	iona to the population of State constitutes a title degree 1010.			
(6)				
l yp	ped 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)