L20000229131

_____
(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

90034958810g

08/07/20--01013--014   **1

2020 AUG -7 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FL

AUG

Filing Cover Sheet

To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 8/7/2020

Trans#: 1139820

Entity Name: ALTIMA HOLDINGS, INC. (FL) CONVERTING INTO LEVINSON BUILT, LLC (FL)

Articles Incorporation ( )　　　　　Articles of Amendment ( )

Articles of Dissolution ( )　　　　　Annual Report ( )

Conversion (XX)　　　　　　　　　Fictitious Name ( )

Foreign Qualification ( )　　　　　Limited Liability ( )

Limited Partnership ( )　　　　　　Merger ( )

Reinstatement ( )　　　　　　　　Withdrawal / Cancellation ( )

Other ( )

STATE FEES PREPAID WITH CHECK#1881 FOR $180.00

PLEASE RETURN:

Certified Copy (XX)　 Plain Photocopy ( )

Good Standing ( )　　　Certificate of Fact ( )

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 followi "**Other Business Entity**" into a Florida Limited Liability Company in accordance with s.605.1045. F Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversior
   Altima Holdings, Inc.
   _____.
   (Enter Name of Other Business Entity)

2. The "Other Business Entity" is a ____corporation_____
   (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business tr

   First organized, formed or incorporated under the laws of ____Florida_____
   (Enter state, or if a non-U.S. entity, the name of the countr

   on ____April 8, 2016_____.
   (date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organiza**

   Levinson Built, 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 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 a 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 amc which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 6th day   August   2020   .

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: __x__ _____
Printed Name: Matthew Levinson _____ Title: Authorized Representative

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: __x__ _____
Printed Name: Matthew Levinson _____ Title: CEO _____

Signature: _____
Printed Name:_____ Title: _____

Signature: _____
Printed Name:_____ Title: _____

Signature: _____
Printed Name:_____ Title: _____

Signature: _____
Printed Name:_____ Title: _____

Signature: _____
Printed Name:_____ Title: _____

If Florida Corporation:
Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:
Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:
Signatures of **ALL** General Partners.

All others:
Signature of an authorized person.

Fees:

Articles of Conversion:	$25.00
Fees for Florida Articles of Organization:	$125.00
Certified Copy:	$30.00 (Optional)
Certificate of Status:	$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

ARTICLE I - Name:
The name of the Limited Liability Company is:

Levinson Built, LLC
_____

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Compan

Principal Office Address:

333 S.E. 2nd Ave., 40th Floor
_____
Miami, FL 33131
_____

Mailing Address:

1638 Donna Rd.
_____
West Palm Beach, Fl 33409
_____

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Matthew Levinson
_____
Name

1638 Donna Road
_____
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach   FL   33409
_____
City   Zip

Having been named as registered agent and to accept service of process for the above stated i liability company at the place designated in this certificate, I hereby accept the appointme registered agent and agree to act in this capacity. I further agree to comply with the provisio statutes relating to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent as provided for in Chapter 605. F

_____
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

MGR _____	**Name and Address:**

MGR _____

Matthew Levinson
1638 Donna Road
West Palm Beach, FL 33409

MGR _____

Ethan Levinson
1638 Donna Road
West Palm Beach, FL 33409

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

_____

_____

_____

REQUIRED SIGNATURE:

X _____

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Matthew Levinson, Authorized Representative
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)