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Office Use Only



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TALL AND SECRETARY OF STATE

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COVER LETTER

| .TO: | New Filing Se Division of C | | | | | | | | |
|---------------------|--|---|---------|---------------------------------|----------------------------|---|------------------|-------------|------|
| SHRI | ECT: ARVA B | usiness LLC | | | | | | | |
| 5016 | 1.01. | | sulting | g Florida Limit | ted Cor | npany) | | | |
| Busine | ess Entity'' into | | abili | ty Company | | nd fees are submitted to convert coordance with s. 605,1045, F. | |)ther | |
| ricasc | return an com | espondence concerning | gum | s matter to, | | | | | |
| MART | IN LITWAK | | | | | | | | |
| | | (Contact Person) | • | | - | | | | |
| UNTIT | LED SLC LLC | | | | | | | | |
| | | (Firm/Company) | | | - | | | | |
| 1801 | NE 123RD STRE | EET, SUITE 307 | | | _ | | | | |
| | | (Address) | | | | | | | |
| NORT | H MIAMI. FLOR | IDA, 33181 | | | | | | | |
| | 1(| City, State and Zip Code) | | | - | | | | |
| | | -slc.com / daniela.baldov | | | ; - | | | | |
| E-m | ail Address; (to b | e used for future annual re | port n | otifications) | | | | | |
| For fu | rther information | on concerning this ma | tter. | please call: | | | | | |
| Daniel | a Baldovino | | at (| +598 | ,2914 | 17479 | | | |
| _ | (Name of Conta | et Person) | _"' ' | (Area Code) | (Day | ctime Telephone Number) | | | |
| | | or the following amou a bank located in the | | | roces | sed by this office must be paya | ble in | US | |
| (\$25 to & \$125 |).00 Filing Fees r Conversion for Articles nization) | ☐\$155,00 Filing Fees and Certificate of Status | | (180,00 Filing Certified Cop | | Certified Copy, and Certificate of Status | im Ngga Ma | 2020 AUG | スロ |
| | Mailing Addi New Filing So Division of C P.O. Box 632 Tallahassee, I | ection orporations 7 | | | New Divis The C 2415 | t Address: Filing Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 | TO COMMERCIAL | 3-7 AM 8:07 | CENT |

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.

| | The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: RVA Business Inc. |
|-----|---|
| | (Enter Name of Other Business Entity) |
| 2. | The "Other Business Entity" is a Business Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| | (Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| Fir | st organized, formed or incorporated under the laws of |
| | (Enter state, or if a non-U.S, entity, the name of the country) |
| on | 18th day of March, 2013. |
| OII | (date of organization, formation or incorporation) |
| 3. | The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| AF | VA Business LLC |
| | (Enter Name of Florida Limited Liability Company) |
| 4. | If not effective on the date of filing, enter the effective date: |
| (T | he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after |
| | date this document is filed by the Florida Department of State.) |
| | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records. |
| 5. | The plan of conversion has been approved in accordance with all applicable statutes. |
| | 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. |

ECRETARY OF STATE

| Signed this 28th | day of July, 2020 | 20 |
|---------------------------------------|---|---------------------------------------|
| Signature of Author | orized Representative of Limi | ited Liability Company: |
| Signature of Author | rized Renresentative: | |
| Printed Name: | rized Representative: | Title: |
| | | |
| Signature(s) on beh | alf of Other Business Entity: | [See below for required signature(s)] |
| Signature: | 112 - 0 - 5 | |
| Printed Mana: Paul M | Michael Pollack, Jaime | Title: Sole Director |
| rimed Name. radii | VIIGHACI I OHACK OAHIIC | Title: Sole birector |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Signature: | . . | |
| Printed Name: | | Title: |
| Signature: | | |
| Printed Name: | | Title: |
| · · · · · · · · · · · · · · · · · · · | | |
| Signature: | | |
| Printed Name: | | Title: |
| | | |
| Signature: | | Title: |
| rimed Name. | | 110c |
| If Florida Corporat | tion: | |
| | an, Vice Chairman, Director, or | Officer. |
| If Directors or Office | ers have not been selected, an In | corporator must sign. |
| 1650 11 60 11 | B . II I | |
| Signature of one Ger | <u>Partnership or Limited Liabili</u> | ty Partnership: |
| Signature of one oct | iciai i armei. | |
| If Florida Limited l | Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of ALL C | | |
| | | |
| All others: | | |
| Signature of an authorized | orized person. | |
| Fees: | | |
| Articles of C | Conversion: | \$25.00 |
| Fees for Flo | rida Articles of Organization: | \$125.00 |
| Certified Co | - | \$30.00 (Optional) |
| Certificate of | f Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARVA Business LLC | |
|--|---|
| (Must contain the words "Limited I | .iability Company, "L.U.C.," or "LLC.") |
| ADTICLET | |
| ARTIULE II = Address: | |
| ARTICLE II - Address: The mailing address and street address of (| the principal office of the Limited Liability Co |
| The mailing address and street address of | • |
| The mailing address and street address of | the principal office of the Limited Liability C <u>Mailing Address:</u> |
| | • |

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

business entity with an active Florida registration,)

| UNTITLED SLC LLC | |
|--------------------------|---------------------------------|
| N | ame |
| 1801 NE 123RD STREET | , SUITE 307, FL, 33181, US. |
| Florida street address (| P.O. Box <u>NOT</u> acceptable) |
| NORTH MIAMI | FL 33181 |
| City | Zip |

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

Registered Agent's Signature (REQUIRED

(CONTINUED)

ARTICLE IV-

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

| "MGR" = Manager | B 1101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|---------------------------------|--|
| MGR | Paul Michael Pollack Jaime |
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| (Use attachment if necessary) | |
| (Ose attachment if necessary) | |
| | |
| LE V: Other provisions, if any. | |
| <u>'</u> | |
| | |
| | |
| | |

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.

Paul Michael Pollack Jaime

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)