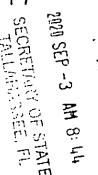
# L20000265912

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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N CHEENSAL

### FLORIDA FILING & SEARCH SERVICES, INC.

### P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/3/20

NAME: NOVEL HAUS VENTURES LLC

TYPE OF FILING: CONVERSION

COST: 180.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE A HOOGE

August 25, 2020

Re: NOVEL HAUS VENTURES LLC Document #L20000207142

To whom it may concern:

We will not revoke the dissolution file on 9/2/2020 for the above.

Ionathan Kwan

FILED

2020 SEP -3 AM 8: 45

SECRETARY OF STATE TALLAHASSEE, FL

# 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.

Novel Haus Ventures LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
01/23/2019 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Novel Haus Ventures 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	s <u>24</u>	_ day of <u>June</u>	20_20
			f Limited Liability Company:
Signature of	of Authori	zed Representative:	Title: Member
Frinten 14a	inte. <del>conom</del>		The mental and the me
Signature	s) on beha		ntity: [See below for required signature(s)]
Signature:		1 M	Title: Member
Printed Na	me: Jonath	an Kwan	Title: Member
Printed Na	me:		Title:
Signature			
Printed Na	me:	<del></del>	Title:
Signature:		<u> </u>	
Printed Na	me:		Title:
Signature			
Printed Na	me:		Title:
Signature:			Title:
Printed Na	me:	<u> </u>	Title:
If Florida	Corporat	ion:	
		ın, Vice Chairman, Direc	tor, or Officer.
If Director	s or Office	rs have not been selected	i, an Incorporator must sign.
76 YOL 1	C	N	Linkilia, Dougouphin,
		Partnership or Limited i eral Partner.	Liability Fartnership:
orginature (	or one don	iciai i aithei.	
		Partnership or Limited I ieneral Partners.	Liability Limited Partnership:
All others			
Signature (	oi an autho	orized person.	
Fees:			
Ar	ticles of C	Conversion:	\$25.00
Fe	es for Flor	rida Articles of Organiza	
	rtified Co		\$30.00 (Optional)
Ce	rtificate o	f Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Marral Harra Mank			
Novel Haus Vent		Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - The mailing add		the principal office of the Limited	Liability Company is:
Principal Office	e Address:	Mailing Address:	
4701 Meridian Av	/e #312	4701 Meridian Ave #312	
Miami Beach, FL	33140	Miami Beach, FL 33140	
The name and th	ne Florida street address o Jonathan Kwan	f the registered agent are:	2020 SEP -3 AM 8: SECRETARY OF ST TALLAHASSEE,
		Name	AM 8: 45 OF STATI SSEE, FL
	4701 Meridian Ave #31		8: 4: STAT
	Florida street addres	s (P.O. Box <u>NOT</u> acceptable)	TATE FL
	Miami Beach	FL 33140	
	City	Zip	
liability co registered age statutes rela	mpany at the place design ant and agree to act in this ting to the proper and com	and to accept service of process for ated in this certificate, I hereby acce capacity. I further agree to comply aplete performance of my duties, and as registered agent as provided for	ept the appointment as with the provisions of all l I am familiar with and

Project Advis Signature (REQUERED)

(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	
AMBR	Jonathan Kwan
<del></del>	4701 Meridian Ave #312
	Miami Beach, FL 33140
	<u></u>
<del></del>	
	<del></del> _
	Í
	- C
	-
(Use attachment if necessary)	١
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	An .
REQUIRED SIGNATURE:	And authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
Signature of a member or	e with section 605,0203 (1) (b), Florida Statutes. I am aware that
Signature of a member or This document is executed in accordance any false information submitted in a document in	r an authorized representative of a member to the Department of State constitutes a third degree felor
Signature of a member or	e with section 605,0203 (1) (b), Florida Statutes. I am aware tha

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)