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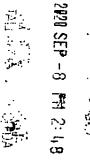
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100351737711

09/09/20--01001--016 **180.00



2020 SEP -8 AM 6: 58 SECRETAGE OF STATI

TI III





Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 9/8/2020

Trans#: 1145342

Entity Name: PITA CAPITAL LLC (DE) CONVERTING TO PITA CAPITAL 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#1914 FOR \$180.00

PLEASE RETURN:

Certified Copy (XX) Plain Photocopy ()

Good Standing () Certificate of Fact ()

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: PITA Capital LLC	
(Name of Resulting Florida	Limited Company)
The enclosed Articles of Conversion, Articles of Organ Business Entity" into a "Florida Limited Liability Com	
Please return all correspondence concerning this matter	to.
David B. Rae	
(Contact Person)	
Crady Jewett McCulley & Houren LLP	
(Firm/Company)	
2727 Allen Parkway Suite 1700	
(Address)	
Houston, TX 77019	
(City, State and Zip Code)	
drae@cjmhlaw.com	
E-mail Address (to be used for future annual report notification	ns}
For further information concerning this matter, please c	all:
David B. Raeat (713	, 739-7007
(Name of Contact Person) (Area C	Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All check dollars and drawn on a bank located in the United State	s)
S150 00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) S150 00 Filing Fees and Certificate of and Certified of Status	- \ _1\ \ 1 1
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED

2928 SEP -8 AM 8: 59

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

SECRETARY OF STATE TALLAHASSEE, FL

The Articles of Conversion and attached Articles of Organization are submitted to conven 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: PITA CAPITAL LLC
(Enter Name of Other Business Entity)
2 The "Other Business Entity" is a limited liability company
(Enter entity type Example corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U S entity, the name of the country)
11/12/2014 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PITA CAPITAL LLC
(Enter Name of Florida Limited Linbility 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

Signature of Authorized Representative of Limi	ted Liability Company:
	bu-
Signature of Authorized Representative:	
Printed Name: Rodolfo Zapata	Title: Authorized Representative
Signature(s) on behalf of Other Business Entity:	 See below for required signature
Signature of Authorized Representative \(\sum_{\text{\title}}\text{\tex{\tex	
Printed Name: Rodolfo Zapata	Title: Authorized Representative
Signature.	
Printed Name:	_ Title:
	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature.	
Signature. Printed Name:	Title:
Stonante.	
Signature:Printed Name:	Title
Signature:Printed Name:	Title:
Printed Name:	_ Title:
Printed Name:	Title:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Title:Officer.
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili	Title:Officer. corporator must sign.
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili	Title:Officer. corporator must sign.
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or all Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili Signature of one General Partner.	Title:Officer. corporator must sign. tv Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili	Title:Officer. corporator must sign. tv Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or all Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili	Title:Officer. corporator must sign. tv Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or all Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Title:Officer. corporator must sign. tv Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or all Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others:	Title:Officer. corporator must sign. tv Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or all Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person	Title:Officer. corporator must sign. tv Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or all Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person	Title:Officer. corporator must sign. tv Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or all Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person	Title:Officer. corporator must sign. tv Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or all Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person Fees: Articles of Conversion:	Title:Officer. corporator must sign. tv Partmership: tv Limited Partnership:
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. All others: Signature of an authorized person Fees: Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	Officer. corporator must sign. tv Partnership: tv Limited Partnership: \$25.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PITA CAPITAL		ability Company, "L.L.C.," or "LLC,")	
ARTICLE II		ne principal office of the Limited Li	iability Company is:
Principal Off		Mailing Address:	and Company is.
7025 SW 139th	n St.	7025 SW 139th St.	
Palmetto Bay,	FL 33158	Palmetto Bay, FL 33158	
business entity wi	th an active Florida registration.)	Registered Agent. You must designate an indiv	idual or another
The name and	the Florida street address of a Benjamin Wolkov		2020 SEP SECRET
The name and	Benjamin Wolkov	the registered agent are:	2020 SEP -8 SECRETAIN TALLAHA
The name and	Benjamin Wolkov N 2121 NW 2nd Ave., Suite	lame 201	200 SEP -8 AM SECRETARY OF TALLAHASSI
The name and	Benjamin Wolkov N 2121 NW 2nd Ave., Suite	lame 201 P.O. Box <u>NOT</u> acceptable)	2020 SEP -8 AM 8: 51 SECRETARY OF STATALLAHAS SEE, FL
The name and	Benjamin Wolkov N 2121 NW 2nd Ave., Suite Florida street address (lame 201	2020 SEP -8 AM 8: 58 SECRETARY OF STATE TALLAHAS SEE, FL

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Rodolfo Zapata	
	c/o 2727 Allen Parkway Suite 1700	
	Houston, Texas 77019	
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(Use attachment if necessary)		
ICLE V: Other provisions, if any		
REQUIRED SIGNATURE:	hu	
		
	an puthorized representative of a member	

ARTICLE IV-

Rodolfo Zapata

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)

Typed or printed name of signee