L21000080352

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2021 FEB -8 AM B: 34 SECRETARS STAIR DALLAHASSEE, FLORIDA

T. BURCH FEB 25 2021

COVER LETTER

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fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
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me Telephone Number)
d by this office must be payable in US
S185.00 Filing Fees. Certified Copy, and Certificate of Status
DDRESS: ction proporations 7 L 32314

Tallahassee, FL 32301

TO: New Filing Section

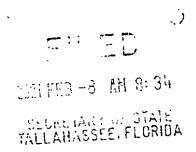
Articles of Conversion

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: ASTRATEGIC 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.)
(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)
08/18/2009 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:
ASTRATEGIC 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 28th	day of _January	20_21	
Signature of Autho	rized Representati	ve of Limited Liability Company:	
Signature of Authori Printed Name: Gil Frio	zed Representative:	Title: Manager	
Signature(s) on beha	alf of Other Busines	ss Entity: [See below for required si	ignature(s)]
Signature:	1 Frehmen		
Printed Name: Gil Frie	dman	Title: Manager	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
If Florida Corporati			
Signature of Chairma		Director, or Officer.	
If Directors or Office	rs have not been sele	ected, an Incorporator must sign.	
If Florida General P	artnership or Limit	ted Liability Partnership:	
Signature of one Gen	eral Partner.		
If Florida Limited P	artnership or Limit	ted Liability Limited Partnership:	
Signatures of ALL G			

All others: lignature of an authorized person.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
ASTRATEGIC LLC (Must contain the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18501 Collins Avenue, Apt. 2403 Sunny Isles Beach, FL 33160	18501 Collins Avenue, Apt. 2403 Sunny Isles Beach, FL 33160
business entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. You must designate an individual or another ne registered agent are:
Gil Friedman Na	ame
18501 Collins Avenue, Apt 2	403
Florida street address (I	P.O. Box NOT acceptable)
Sunny Isles Beach	FL 33160
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	ad to accept service of process for the above stated limited a in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Gil Friedman
	18501 Collins Avenue, Apt 2403
	Sunny Isles Beach, FL 33160
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(Use attachment if necessary)	ŕ
(See ameninem in necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	- 1
Ci) F.	Malyan
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, 1 am aware tha
 any false information submitted in a docur 	ment to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S.	•
CTI D. T. L.	
Gil Friedman	