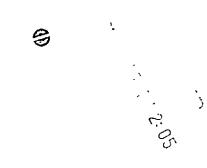
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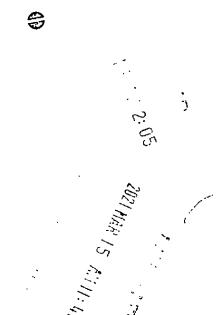
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| ☐ PiCK:'JP ☐ WAIT ☐ MAIL                |
| (Business Entity Name)                  |
| (Document Number)           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

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 703462 8121494

AUTHORIZATION : Supplement of the second of

#### DOMESTIC AMENDMENT FILING

NAME: ZELKOVA VENTURES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT/CONVERSION
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

XX \_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#61594

EXAMINER'S INITIALS:

# **COVER LETTER**

| Division of C   |   |        |                                    |   |  |  |
|---|---|--------|------------------------------------|---|--|--|
| SUBJECT: Zelkova  | Ventures, LLC   |        |                                    |   |  |  |
|   | (Name of Re   | ultin  | g Florida Limit                    | ed Con                                      | ipany)   |  |
|   |   |        |                                    |   | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |  |
| Please return all corn  | respondence concernin                                 | g thi  | s matter to:                       |   |  |  |
| Christina Wilke   |   |        |                                    |   |  |  |
|   | (Contact Person)                                      |        |                                    |   |  |  |
|   | (Firm/Company)  |        |                                    |   |  |  |
| 1440 Harding PI, Apt 6  |   |        |                                    |   |  |  |
|   | (Address)   |        |                                    |   |  |  |
| Charlotte, NC 28204   |   |        |                                    |   |  |  |
| (   | City, State and Zip Code)                             |        |                                    |   |  |  |
| cjuzdan@zelkovavc.co  | om  |        |                                    |   |  |  |
| E-mail Address: (to l   | oe used for future annual re                          | port r | notifications)                     |   |  |  |
| For further informati   | ion concerning this ma                                | lter.  | please call:                       |   |  |  |
| Christina Wilke   |   | at :   | (212                               | 750-3                                       | 157  |  |
| (Name of Cont   | act Person)   |        |                                    | (Day  | time Telephone Number)   |  |
|   | for the following amount a bank located in the        |        |                                    | rocess                                      | ed by this office must be payable in US                                    |  |
| S150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | ☐\$155.00 Filing Fees<br>and Certificate of<br>Status |        | \$180.00 Filing<br>I Certified Cop |   | S185.00 Filing Fees. Certified Copy. and Certificate of Status             |  |
| Mailing Add   |   |        |                                    |   | Address:   |  |
| New Filing S<br>Division of C   |   |        |                                    | New Filing Section Division of Corporations |  |  |
| P.O. Box 632  | •   |        |                                    |   | entre of Tallahassee   |  |
| Tallahassee,  |   |        |                                    |   | N. Monroe Street, Suite 810  |  |

Tallahassee, FL 32303

## **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: Zelkova Ventures, LLC  |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a Single Member LLC   |
| (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)   |
| 2/28/2008   |
| 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:   |
| Zelkova 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.)  |
| <u>Note:</u> 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 day   | of March                                     | 20 21  |
|---|--|--|
| Signature of Authorized   | Representative of Limit                      | ed Liability Company:  |
| Signature of Authorized R   | epresentative:                               | Tales Al (1)   |
| Printed Name: Larry   | SChellitela                                  | Title: Member  |
| Signature(s) on behalf of   | Other Business Entity: [S                    | See below for required signature(s)                            |
| Signature:  | $\mathbb{N}$                                 |  |
| Printed Name: Lamy  | Scheinfeld                                   | Title: Menk  |
| Signature:  |  |  |
| Printed Name:   |  | Title:   |
| C   |  |  |
| Signature: Printed Name:  |  | Title:   |
|   |  |  |
| Signature:  | <u>                                     </u> | Tiele  |
| Printed Name:   |  |  |
| Signature: Printed Name:  |  |  |
| Printed Name:   |  | Title:   |
| Signature:  |  |  |
| Printed Name:   |  | Title:   |
| If Florida Corporation:<br>Signature of Chairman, Vic                               | e Chairman, Director, or C                   | Officer.   |
| If Directors or Officers hav  | e not been selected, an Inco                 | orporator must sign.   |
| If Florida General Partne<br>Signature of one General P                             | rship or Limited Liability<br>artner.        | y Partnership:   |
| If Florida Limited Partne<br>Signatures of <u>ALL</u> Genera                        | rship or Limited Liability<br>Partners.      | y Limited Partnership:   |
| All others:<br>Signature of an authorized   | person.                                      |  |
| Fees:   |  |  |
| Articles of Conver<br>Fees for Florida A<br>Certified Copy:<br>Certificate of State | rticles of Organization:                     | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:   |   |               |
|---|---|---------------|
| The name of the Limited Liability Company   | is:   |               |
| Zelkova Ventures, LLC   |   |               |
| (Must contain the words "Limited Liah   | ility Company, "L.L.C.," or "L.LC.")                  |               |
| ARTICLE II - Address: The mailing address and street address of the   | principal office of the Limited Liability             | y Company is: |
| Principal Office Address:   | Mailing Address:                                      |               |
| 10201 Collins Ave, Unit 2302<br>Bal Harbour, FL 33154   | 10201 Collins Ave, Unit 2302<br>Bal Harbour, FL 33154 | _             |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) |   |               |
| The name and the Florida street address of the  | e registered agent are:                               |               |
| Corporation Service Compa   | ny .  | 20            |
| Na  | me  | 2021 MAS      |
| 1201 Hays Street Florida street address (P  | O. Box NOT acceptable)                                | A.S. 15       |
| Tallahassee   | FL 32301  |               |

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. I hereby 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..

Zip

Grands & Foliante (REQUIRED)

City

(CONTINUED)

| Δ | p | TI | CI | F | IV- |
|---|---|----|----|---|-----|
|   |   |    |    |   |     |

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

| <u>Title:</u>   | Name and Address:  |  |  |  |
|---|--|--|--|--|
| "AMBR" = $\Lambda$ uthorized Member                               |  |  |  |  |
| "MGR" = Manager   |  |  |  |  |
| AMBR  | Larry Scheinfeld   |  |  |  |
|   | 10201 Collins Ave, Unit 2302   |  |  |  |
|   | Bal Harbour, FL 33154  |  |  |  |
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| (Use attachment if necessary)  FICLE V: Other provisions, if any. |  |  |  |  |
|   |  |  |  |  |
| REQUIRED SIGNATURE  |  |  |  |  |
| This document is executed in accordance                           | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felon |  |  |  |
| Larry Scheinfeld  |  |  |  |  |
| Тур   | oed 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)