LZ10002222561

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Decument Number)
Certified Copies	Certificates of Status
Special instruction	∿ to Filing Officer

Office Use Only



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RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 814987 4320744

AUTHORIZATION : presselement

COST LIMIT : \$150.00

ORDER DATE: May 14, 2021

ORDER TIME : 11:38 AM

ORDER NO. : 814987-005

CUSTOMER NO: 4320744

DOMESTIC AMENDMENT FILING

NAME: RAGNAR LTD.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT/CONVERSION RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61592

EXAMINER'S INITIALS:

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convene "Other Business Entity" into a Florida Limited Liability Company in accordance with	
Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles Ragnar Ltd.	
(Enter Name of Other Business Entity)	i.o
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: corporation, limited partnership, general partnership, common	law or business trust, etc.)
First organized, formed or incorporated under the laws of the British Virgin Islands	
(Enter state, or if a non-U.S. entity, the n	name of the country)
October 6, 2016 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articl	les of Organization:
Akston Holdings, 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.)	will not be listed as the
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records.	will not be fisted as the

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this day of May, 2021	20	
Signature of Authorized Representative of I	Limited Liability Company:	
Signature of Authorized Representative: Printed Name: Albert Douer Mishaan		
Signature(s) on behalf of Other Business Enti	ty: [See below for required signature(s)	l
Signature:		
Printed Name: Albert Douer Mishaan	Title: Director	_
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	_
Signature:		
Signature:Printed Name:	Title:	<u> </u>
Signature:		
Signature: Printed Name:	Title:	_
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director If Directors or Officers have not been selected, a		
If Florida General Partnership or Limited Liz	ability Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Lia Signatures of <u>ALL</u> General Partners.	ubility Limited Partnership:	
All others:		
Signature of an authorized person.		<u>.</u>
Fees:		
Articles of Conversion: Fees for Florida Articles of Organizatio Certified Copy: Certificate of Status:	\$25.00 on: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	hill0: 13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Akston Holdings, L	C		
		Liability Company, "L.L.C.," or "LI.C.")	
ARTICLE II - A		the principal office of the Limited Liability Company	is:
Principal Office	Address:	Mailing Address:	
505 Park Avenue, 8 New York, New Yo			
(The Limited Liability C business entity with an	Company cannot serve as its own active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another f the registered agent are:	
	Corporation Service Co	mpany	
		Name	
	1201 Hays Street Florida street address	s (P.O. Box <u>NOT</u> acceptable)	
	Tallahassee	FL 32031	
	City	Zip	
liability comp registered agent	pany at the place designa and agree to act in this	and to accept service of process for the above stated lim ited in this certificate. I hereby accept the appointment a capacity. I further agree to comply with the provisions a plete performance of my duties, and I am familiar with a	is of ai

(CONTINUED)

Registered Agent's Signature (REQUIRED)

A	DTI	CI	Æ.	TV_{-}

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

Fitle:	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager MGR	Albort Dayor Michaes
VIGR	Albert Douer Mishaan
	505 Park Avenue, 8th Floor
	New York, New York 10022
	<u></u>
·	
This document is executed in accordance any false information submitted in a document	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for
E V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for
E V: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817,155, F.S. Albert Douer Mishaan	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for
E V: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817,155, F.S. Albert Douer Mishaan	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for