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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corporations | | | | | |
|--|---------------------|-----------------------|---|------------------|-------|
| SUBJECT: The New York Country Club, LL | С | | | | |
| (Name of Re | sulting Florida Lin | nited Co | mpany) | | |
| The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited L | | | | | Other |
| Please return all correspondence concerning | ng this matter to | : | | | |
| Sophia Robert Kapacinskas | | | | | |
| (Contact Person) | | _ | | | |
| (Firm/Company) | | _ | | | |
| 540 West Avenue, # 813 | | | | ار مخت پوت | |
| (Address) | | _ | | ; | |
| Miami Beach, FL 33139 | | | | C71 | |
| (City, State and Zip Code) | | _ | | · ¬ | |
| sophiarobert12@gmail.com | | | | .2 | |
| E-mail Address: (to be used for future annual re | port notifications) | _ | | | |
| For further information concerning this ma | itter, please call | • | | | |
| Jay F. Cook | _at (|) ³⁵² · | -9400 | | |
| (Name of Contact Person) | (Area Code | e) (Day | ytime Telephone Number) | | |
| Enclosed is a check for the following amoundablars and drawn on a bank located in the \$150.00 Filing Fees \$155.00 Filing Fees | | | sed by this office must be | payable in | US |
| (\$25 for Conversion and Certificate of \$125 for Articles of Organization) | and Certified Co | | Certified Copy, and Certificate of Status | | |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 | | New Divis The C | t Address: Filing Section ion of Corporations Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 | N. Monroe Street, Suite 8 | 310 | |

Tallahassee, FL 32303



15 p. 1.

"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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: The New York Country Club, 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 |
| on July 17, 2019 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: The New York Country Club, 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 14th day of April | 2021 |
|--|---------------------------------------|
| Signature of Authorized Representative of Lim | ited Liability Company: |
| Signature of Authorized Representative: Printed Name: Sophia Robert Kapacinskas | Title: Manager |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| Signature: Des acient Cer | |
| Signature: Ophia Robert Kapacinskas | Title: Manager |
| Signature: Air Communication of the Signature: | |
| Printed Name: Fiona Robert Kapacinskas | Title: Manager |
| Clamatura | |
| Signature:Printed Name: | Title |
| | |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer. |
| If Directors or Officers have not been selected, an In | |
| If Florida General Partnership or Limited Liabili | ty Partnership: |
| Signature of one General Partner. | |
| <u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | | R FLORIDA LIMITED LIADILITT COMPANT | | | |
|---|---|---|--|--|--|
| ARTICLE I - Na The name of the l | ame: Limited Liability Compar | avie. | | | |
| The name of the | Emited Etablity Compai | iy is. | | | |
| The New York Cou | untry Club, LLC | | | | |
| | | Liability Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - A | Address: | | | | |
| The mailing addr | ess and street address of t | the principal office of the Limited Liability Company is: | | | |
| Principal Office | Address: | Mailing Address: | | | |
| 540 West Avenue, | # 813 | 540 West Avenue, # 813 | | | |
| Miami Beach, FL 3 | 3139 | Miami Beach, FL 33139 | | | |
| | | | | | |
| | Sophia Robert Kapacins | kas Name | | | |
| | 540 West Avenue, # 813 | | | | |
| | Florida street address (P.O. Box NOT acceptable) | | | | |
| | Miami Beach | FL 33139 | | | |
| | City | Zip | | | |
| liability com registered agen statutes relati | pany at the place designal t and agree to act in this c ng to the proper and comp | and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of a plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S | | | |
| | | apacieus/Loo | | | |
| | Registered Agent's | Signature (RÉQUIRED) | | | |

(CONTINUED)

25/1 AT 15 EN 2:16

ARTICLE IV-

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

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Member | r |
| "MGR" = Manager | _ |
| MGR | Sophia Robert Kapacinskas |
| | 540 West Avenue, # 813 |
| | Miami Beach, FL 33139 |
| MGR | Fiona Robert Kapacinskas |
| | 150 Charles Street, Apt 3BS |
| | New York, New York 10014 |
| | |
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| (Use attachment if necessary) | |
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| SEEN ON | |
| CLE V: Other provisions, if any. | r-managed limited liability company. |
| nited Liability Company is a manage | r-manageo limiteo liability company. |
| | |
| | |
| REQUIRED SIGNATURE:// | / |
| | |
| /// | repacieller |
| | |
| Signature of a membe | r or an authorized representative of a member |
| This document is executed in accord | dance with section 605.0203 (1) (b), Florida Statutes. I am aware that |
| any false information submitted in a as provided for in s.817.155, F.S. | document to the Department of State constitutes a third degree felor |
| Sophia Robert Kapacinskas | |
| | |
| | Typed or printed name of signee |

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