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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

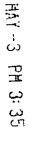
MAY 2 2 2021

T. SCOTT



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January 22, 2021

GREG KILEY PMF O'CONNOR DAVIES LLP 500 MAMARONECK AVE HARRISON, NY 10528

SUBJECT: STOSCH-JET, LLC Ref. Number: W21000006125

We have received your document for STOSCH-JET, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 621A00001480

Tyrone Scott
Regulatory Specialist II
New Filings Section

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: STOSCH - JET, LLC		
(Name	of Resulting Florida Limi	ed Company)
The enclosed Articles of Conversion, Business Entity" into a "Florida Limi	Articles of Organizati ted Liability Company	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence conc	erning this matter to:	
GREG KILEY		
(Contact Person)		•
PKF O'CONNOR DAVIES LLP		
(Firm/Company)		•
500 MAMARONECK AVE		
(Address)		
HARRISON, NY 10528		
(City, State and Zip C		-
GKILEY@PKFOD.COM		
E-mail Address: (to be used for future and	nual report notifications)	-
For further information concerning th		
GREG KILEY	at (<u>518</u>)
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located in		processed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □\$155.00 Filing I and Certificate of Status	Fees	<u> </u>
Mailing Address:		Street Address:
New Filing Section		New Filing Section Division of Corporations
Division of Corporations P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 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: STOSCH - JET, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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
(Emer state, or if a non-U.S. entity, the name of the country)
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 : STOSCH - JET, LLC
(Enter Name of Florida Limited Liability Company)
JANUARY, 1, 2021 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 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 day of	2021
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Printed Name: MICHAEL FRIEDMAN	Title: MEMBER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Auflifica	
Printed Name: NICHOCL PRIEDHAH	Title: MEN BETZ
a	
Signature: Printed Name:	Title:
Printed Name.	
Signature:	
Printed Name:	Title:
	
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	(iuc:
Ci	
Signature: Printed Name:	Title:
Filmled Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL 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
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLE I - Name: The name of the Limited Liability Company is: STOSCH - JET, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.," or

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MICHAEL FRIEDMAN	
Na	me
5760 BRIDLEWAY CIRCLE	
Florida street address (P	O. Box NOT acceptable)
BOCA RATON	FL 33496
City	Zip

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Fi <u>tle:</u>	Name and Address:
'AMBR" = Authorized Member	
"MGR" = Manager	MICHAEL FRIEDMAN
AMBR	5760 BRIDLEWAY CIRCLE
	BOCA RATON, FL 33496
	ANTONITIS
AMBR	THEODORE ANTONITIS 89 GOLF LANE
	RIDGEFIELD, CT 06877
	HIDGE IEED, O' GOO!
(Use attachment if necessary)	
LE V: Other provisions, if any.	leller 11/2-21
LE V: Other provisions, if any.	Eller 1/1/2021
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member ance with section 605,0203 (1) (b). Florida Statutes, I am aware occument to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda any false information submitted in a de as provided for in s.817.155, F.S.	or an authorized representative of a member ince with section 605,0203 (1) (b). Florida Statutes, I am aware ocument to the Department of State constitutes a third degree for
REQUIRED SIGNATURE: Signature of a member This document is executed in accorda any false information submitted in a de as provided for in s.817.155, F.S.	or an authorized representative of a member