UZ1000794628

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

J. FASON

JUN 25 2021



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COVER LETTER

Division of C					
SUBJECT: Aventus	Two, LLC				
	(Name of Re	sultin	g Florida Limit	ed Con	npany)
					d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corn	respondence concernin	g thi	s matter to:		
Kiara Rozas					
	(Contact Person)				
GBS Group					
	(Firm/Company)				
3350 SW 148th Ave.	Suite 120				
	(Address)				
Miramar, FL 33027					
	City, State and Zip Code)				
jharatz@gmail.com					
E-mail Address: (to l	be used for future annual re	port r	notifications)		
For further informati	ion concerning this ma	tter.	please call:		
Kiara Rozas		at	(954	659-8	3835
(Name of Cont	act Person)	_u`	(Area Code)	(Day	time Telephone Number)
	for the following amound a bank located in the			rocess	ed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I Certified Cop		☐S185.00 Filing Fees. Certified Copy, and Certificate of Status
<u>Mailing Add</u> New Filing S					Address:
Division of C					Filing Section on of Corporations
P.O. Box 632	27				entre of Tallahassee
Tallahassee,	FL 32314			24151	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: Aventus Two, 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
December 4th, 2020
On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Aventus Two, 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

Signed this 14th day of June	20 <u>21</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: JOSE HAPATZ	
Printed Name: Jose Haratz	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Jose Horatz	
Printed Name: Jose Haratz	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Tal
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 Inc	corporator must sign.
If Florida General Partnership or Limited Liability 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: Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the !	me:		
The name of the L	imited Liability Company	y is:	
Aventus Two, LLC			
(A)	ust contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac	ddress:		
		ne principal office of the Limited Liability Company is:	
Principal Office A	Address:	Mailing Address:	
15805 Biscayne Blv	vd. Suite 315	15805 Biscayne Blvd. Suite 315	
North Miami Beach,	, FL 33160	North Miami Beach, FL 33160	
			
(The Limited Liability C	Registered Agent, Registe Company cannot serve as its own R active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	
	Florida street address of t	he registered agent are:	
The name and the	rionda succi address or r	ne registered agent are.	
	Jose Haratz		
	N	ame	
	15805 Biscayne Blvd. Suit	te 315_	
	Florida street address (P.O. Box NOT acceptable)	
	North Miami Beach	FL ³³¹⁶⁰	
		r L	
	City	Zip	
liability comp registered agent statutes relating	med as registered agent an pany at the place designate and agree to act in this ca g to the proper and comple		li
liability comp registered agent statutes relating	med as registered agent an pany at the place designate and agree to act in this ca g to the proper and comple	Zip Indicate to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as a spacity. I further agree to comply with the provisions of a set performance of my duties, and I am familiar with and	11
liability comp registered agent statutes relating	med as registered agent are pany at the place designate and agree to act in this cag to the proper and completingations of my position as	Zip Indicate to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as a spacity. I further agree to comply with the provisions of a set performance of my duties, and I am familiar with and	11

(CONTINUED)

ARTICLE IV-

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

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
MGR Wallager	Jose Haratz
	15805 Biscayne Blvd. Suite 315
	North Miami Beach, FL 33160
·	
Use attachment if necessary)	
, ,	
E V: Other provisions, if any.	
POUDER CICNATURE	
EQUIRED SIGNATURE:	
jase	E HARATZ
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, I am awa
any false information submitted in a document as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree
Jose Haratz	
	ped or printed name of signee