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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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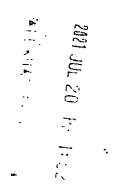
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COVER LETTER

| TO: New Filing Section Division of Corporations | | |
|---|--|--|
| SUBJECT: JG CAPITAL HOLDINGS, | LLC | |
| (Name | of Resulting Florida Limited Company) | |
| The enclosed Articles of Conversion, Business Entity" into a "Florida Limi | Articles of Organization, and fees are submed Liability Company" in accordance with | itted to convert an "Other s. 605.1045, F.S. |
| Please return all correspondence conc | erning this matter to: | |
| MYRA RABANAL | | |
| (Contact Person) | | N |
| YOUR NEVADA CORPORATE SOLUTION | ons | 2021 |
| (Firm/Company) | | razi Ju |
| 6920 S CIMARRON RD STE 100 | | 2021 JUL (0 |
| (Address) | | 0 |
| LAS VEGAS, NV 89113 | | Ammer |
| (City, State and Zip C | ode) | |
| myra@yournevadacpa.com | | * ' |
| E-mail Address: (to be used for future an | nual report notifications) | |
| For further information concerning th | is matter, please call: | |
| MYRA RABANAL | at (702)369-2504 | |
| (Name of Contact Person) | (Area Code) (Daytime Telephone N | umber) |
| Enclosed is a check for the following dollars and drawn on a bank located is | amount: (All checks processed by this officent the United States) | e must be payable in US |
| S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$\$\$155.00 Filing and Certificate of Status | Fees Signature S | and |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: New Filing Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stree Tallahassee, FL 3230 | assee eet, Suite 810 |

Articles of Conversion

For

"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: JG CAPITAL HOLDINGS, LLC |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a |
| (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) |
| 12/02/2014 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: |
| JG CAPITAL 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.) |
| 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 9th day of JULY | 2021 |
|-----|--|---------------------------------------|
| | Signature of Authorized Representative of Lin | mited Liability Company: |
| 0 | Signature of Authorized Representative: Printed Name: JAMES GRABOW | Title: MANAGER |
| | Signature(s) on behalf of Other Business Entity | [See below for required signature(s)] |
| (I) | Signature: Stranger Angelon | ··· |
| 9 | Signature: JAMES GRABOW | Title: MANAGER |
| | | |
| | Signature:Printed Name: | Title: |
| | 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, of If Directors or Officers have not been selected, an I | ncorporator must sign. |
| | If Florida General Partnership or Limited Liabi Signature of one General Partner. | llity Partnership: |
| | <u>If Florida Limited Partnership or Limited Liabi</u> Signatures of <u>ALL</u> General Partners. | lity Limited Partnership: |
| | All others: Signature of an authorized person. | |
| | Fees: | |
| | Articles of Conversion: | \$25.00 |

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limit | ed Liability Company is | S : | |
|---|---|--|--|
| JG CAPITAL HOLDING | SIIC | | |
| (Must co | ntain the words "Limited Liabil | lity Company, "L.L.C.," or "LLC.") | |
| , | | | |
| ARTICLE II - Addre The mailing address as | | principal office of the Limite | d Liability Company is: |
| Principal Office Add | ress: | Mailing Address: | |
| 1275 N SWINTON AVE | | 6920 S CIMARRON RD ST | E 100 |
| DELRAY BEACH, FL 3 | 3444 | LAS VEGAS, NV 89113 | |
| The name and the Flo | any cannot serve as its own Reg re Florida registration.) rida street address of the WES GRABOW National Street SWINTON AVE | | individual of another |
| | Florida street address (P | O. Box NOT acceptable) | |
| DI | ELRAY BEACH | FL 33444 | |
| | City | Zip | |
| liability compan registered agent an statutes relating to | y at the place designated d agree to act in this cap to the proper and comple actions of my position as Registered Agent's S | d to accept service of process of in this certificate, I hereby as pacity. I further agree to compute performance of my duties, or registered agent as provided signature (REQUIRED) | ccept the appointment as oly with the provisions of all and I am familiar with and |
| l | (CONI | TINUED) | |

| | n | TT | | 177 | IV. | |
|---|---|----|------|-----|-----|--|
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The name and address of each person authorized to manage and control the Limited Liability Company:

| Title: | Name and Address: | | |
|---|---|-----------------------------|------|
| "AMBR" = Authorized Member | · | | |
| "MGR" = Manager | | | |
| MGR | JAMES GRABOW | - | - |
| | 1275 N SWINTON AVE | | _ |
| | DELRAY BEACH, FL 33444 | | _ |
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| (Use attachment if necessary) | | | * |
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| CLE V: Other provisions, if any. | | •• | |
| | | | |
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| DECLETED ALCOHOLOGY | | | |
| REQUIRED SIGNATURE: | P | | |
| (2) January March | | | |
| (1) farms such | | | • |
| Signature of a mambar or | an authorized representative of a m | | |
| This document is executed in accordance | with section 605.0203 (1) (b), Florida Statute | cilibei s. Í am aware t' | hat |
| any false information submitted in a docu | ment to the Department of State constitutes a t | hird degree fel | опу |
| as provided for in s.817.155, F.S. | • | · | • |
| JAMES GRABOW | | | |
| · · · · · · · · · · · · · · · · · · · | ped or printed name of signee | | - |
| • 3 | 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)

| Control | Cont

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