# 21000344524

| (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: |
|   |
|   |
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|   |

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2021 JUL 29 MM 9: 44

RECEIVED

### Sunshine State Corporate Compliance Company

#### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 07/29/2021     | _  | ⇔WALK IN* |
|---------------------|--|-----------|
| ENTITY NAME Levens  | sohn Global LLC                                    |           |
| DOCUMENT NUMBER_    |  |           |
|                     | **PLEASE FILE THE ATTACHED AND RETURN**            |           |
| xxxxx               | Plain Copy   |           |
|                     | Certified Copy                                     |           |
|                     | Certificate of Status                              |           |
| *1                  | PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** |           |
|                     | Certified Copy of Arts & Amendments                |           |
|                     | Certificate of Good Standing                       |           |
|                     | **APOSTILLE' / NOTARIAL CERTIFICATION**            |           |
| COUNTRY OF DESTINA  | TION   |           |
| NUMBER OF CERTIFICA | TES REQUESTED                                      |           |
| TOTAL OWED \$155.0  | 0 ACCOUNT #: 120160000                             | 072       |

FILED 2021 JUL 29 AM 9: 44

## Articles of Conversion For "Other Business Entity" Into

SECRET IN UPSTATE

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.

| (Enter Name of Other Business Entity)  |       |
|--|-------|
| The "Other Business Entity" is a limited liability company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, e                        |       |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, e  | :tc.) |
| irst organized, formed or incorporated under the laws of   |       |
| (Enter state, or if a non-U.S. entity, the name of the country)  |       |
| September 22, 2011   |       |
| (date of organization, formation or incorporation)   |       |
| . The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization  | n:    |
| evensohn Global LLC  |       |
| (Enter Name of Florida Limited Liability Company)  |       |
| . 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  | er    |
| ne date this document is filed by the Florida Department of State.)  |       |
| ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records. |       |
| scument a checurve date on the Department of State a records.  |       |

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

| Signed             | this 29th           | day of <u>July</u>                       |                   | 20_21                              |
|--------------------|---------------------|--|-------------------|------------------------------------|
|                    |                     |  | ,                 | d Liability Company:               |
| Sionatu            | ire of Authori      | zed Representative                       | Pascal U          | Title: Authorized Person           |
| Printed            | Name: <u>Pascal</u> | Levensohn                                | <b>ВСКИТЕХТОК</b> | Title: Authorized Person           |
|                    |                     |  |                   | ee below for required signature(s) |
|                    |                     | mad by                                   | <u>Enuty:</u> 18  | ee below for required signature(s) |
| Signatu            | re: Payal           | Levensden.                               | _                 |                                    |
| Printed            | Name: Pasca         | Levensohn                                |                   | Title: Authorized Person           |
| Signatu            | ire:                |  |                   |                                    |
| Printed            | Name:               |  |                   | Title:                             |
| Signatu            | Ira):               |  |                   |                                    |
| Printed            | Name:               |  |                   | Title:                             |
|                    |                     |  |                   |                                    |
| Signatu<br>Printed | ire:<br>Name:       |  | <del> </del>      | Title:                             |
|                    |                     |  |                   |                                    |
| Signatu            | ıre:                |  |                   | Title:                             |
| Printed            | Name:               |  |                   | Title:                             |
| Signati            | ire:                |  |                   |                                    |
| Printed            | Name:               |  | <del>_</del>      | Title:                             |
| If Flor            | ida Corporat        | ion:                                     |                   |                                    |
| Signate            | ire of Chairma      | nn, Vice Chairman, Di                    |                   |                                    |
| If Direc           | ctors or Office     | ers have not been selec                  | ted, an Inco      | orporator must sign.               |
| If Flor            | ida General I       | Partnership or Limito                    | ed Liability      | Partnershin                        |
|                    | ire of one Ger      |  | 2314131111        | Tattieronip,                       |
| të D               | 1 1 . P 1 1         | n a transition                           | 1.5 1.014         | 3 t to 1 to                        |
|                    |                     | Farmersnip or Limite<br>Jeneral Partners | a Liability       | Limited Partnership:               |
| ~                  |                     |  |                   |                                    |
| All oth<br>Signati |                     | orized person.                           |                   |                                    |
| Fees:              |                     |  |                   |                                    |
|                    | Articles of C       | Conversion:                              |                   | \$25.00                            |
|                    |                     | rida Articles of Organ                   | ization:          | \$125.00                           |
|                    | Certified Co        |  |                   | \$30.00 (Optional)                 |
|                    | Certificate o       | i Status:                                |                   | \$5.00 (Optional)                  |

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| (Must contain the words)   | Limited Liability Company, "L.L.C.," or "LLC.")   |  |
|--|---|--|
| ARTICLE II - Address:  |   |  |
| The mailing address and street address   | ess of the principal office of the Limited Liab   | oility Company is:                                   |
| Principal Office Address:  | Mailing Address:  |  |
| c/o Blockhus & Associates  | c/o Blockhus & Associates   |  |
| One 1st Street, Suite 11   | One 1st Street, Suite 11  |  |
| Los Altos, California 94022  | Los Altos, California 94022   |  |
| ARTICLE III - Registered Agent   | , Registered Office, & Registered Agent's S   | al or another  |
| ARTICLE III - Registered Agent (The Limited Liability Company cannot serve a business entity with an active Florida registrat The name and the Florida street ado                                  | Registered Office, & Registered Agent's S<br>is its own Registered Agent. You must designate an individu<br>ion.)   | al or another  |
| ARTICLE III - Registered Agent (The Limited Liability Company cannot serve; business entity with an active Florida registrat   | Registered Office, & Registered Agent's S<br>is its own Registered Agent. You must designate an individu<br>ion.)   | 2021 JUL 29 SECRE IV. 33 TALLAHAS                    |
| ARTICLE III - Registered Agent (The Limited Liability Company cannot serve a business entity with an active Florida registrat The name and the Florida street ado                                  | Registered Office, & Registered Agent's Sis its own Registered Agent. You must designate an individuation.)  Irress of the registered agent are:  Ons Network Inc.  Name                                    | 2021 JUL 29 M<br>SECRETALIZATIONS OF<br>TALLAMANESSE |
| ARTICLE III - Registered Agent (The Limited Liability Company cannot serve abusiness entity with an active Florida registral The name and the Florida street add  Corporate Creati  801 US Highway | Registered Office, & Registered Agent's Sis its own Registered Agent. You must designate an individuation.)  Irress of the registered agent are:  Ons Network Inc.  Name                                    | 2021 JUL 29 M<br>SECRETALIZATIONS OF<br>TALLAMANESSE |
| ARTICLE III - Registered Agent (The Limited Liability Company cannot serve abusiness entity with an active Florida registral The name and the Florida street add  Corporate Creati  801 US Highway | Registered Office, & Registered Agent's Sistis own Registered Agent. You must designate an individuation.)  Bress of the registered agent are:  Ons Network Inc.  Name  1  ddress (P.O. Box NOT acceptable) | 2021 JUL 29 SECRE IV. 33 TALLAHAS                    |

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..

/s/ Caitlin Lazarus Caitlin Lazarus, Special Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

| <u> Fitle:</u>                          | Name and Address:   |
|---|---|
| "AMBR" = Authorized Member              |   |
| 'MGR" = Manager                         | Decel Laurench  |
| MGR                                     | Pascal Levensohn c/o Blockhus & Associates, One 1st St., Ste. 1   |
|   | Los Altos, California 94022   |
|   |   |
| <u>.</u>                                |   |
|   |   |
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| Use attachment if necessary)            | <u>.</u><br>-   |
| ose actaenment ir necessary)            | ٦   |
|   |   |
| <b>.E V:</b> Other provisions, if any.  |   |
|   |   |
|   |   |
|   | -   |
| REQUIRED SIGNATURE:  Pascal levensolin  |   |
| Pascal Levensolin                       |   |
| Pascal Levensden                        |   |
| Signature of a member or a              | an authorized representative of a member  |
| This document is executed in accordance | with section 605,0203 (1) (b), Florida Statutes. I am awardent to the Department of State constitutes a third degree to |
|   |   |
| Pascal Levensohn, Authorized Perso      | n<br>bed or printed name of signee  |
| Tor                                     |   |