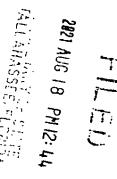
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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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08/18/21--01019--012 \*\*185.00



# **VIA FEDERAL EXPRESS OVERNIGHT DELIVERY TO:**

Florida Department of State PERSONAL AND CONFIDENTIAL Attn: Matthew Moon 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: MAMBO No8 LLC

Dear Mr. Moon:

You will please find enclosed two copies of the following documents for the above-referenced limited liability company:

- 1. Division of Corporations Cover Letter;
- 2. Articles of Conversion to convert the NC LLC into a Florida LLC;
- 3. Articles of Organization for Florida LLC; and
- 4. A check in the amount of \$185.00 in in payment of your filing and certification fees.

Please file these documents as requested and forward the certified copies and Certificate of Status to our office via e-mail to the undersigned at: <a href="mailto:joey@ecbia.com">joey@ecbia.com</a>. A prepaid return FedEx overnight envelope is also enclosed for your convenience for the return of the original documents.

Thank you for your assistance in this matter. Please do not hesitate to contact our office at (704) 682-8789 with any questions or issues regarding this filing request.

Sincerely,

J∕oseph R. Glowacki

Manager

2821 AUG 18 PH 12: 44

#### **COVER LETTER**

(\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and Certificate of Status  Status  Mailing Address: New Filing Section Division of Corporations  And Certified Copy Certified Copy, and Certified Copy, and Certificate of Status  Street Address: New Filing Section Division of Corporations  Division of Corporations	TO: New Filing S Division of O	Section Corporations				
(Name of Resulting Florida Limited Company)  The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  A. David Glasser  (Contact Person)  ECBIALLC  (Firm/Company)  19 Tulip Lane  (Address)  Randolph, NJ 07869  (City. State and Zip Code)  david@ ecbia.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  A. David Glasser  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  D. \$150.00 Filing Fees and Certificate of \$1515.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status  D. \$150.00 Filing Section  D. Status  Street Address:  New Filing Section  Division of Corporations	SURJECT: MAMBO	O No. 8 LLC				
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Please return all correspondence concerning this matter to:  A. David Glasser  (Contact Person)  ECBIALLC  (Firm/Company)  19 Tulip Lane  (Address)  Ranckolph, NJ 07869  (City. State and Zip Code)  david@ ecbia.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  A. David Glasser  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees (S25 for Conversion & Status  S150.00 Filing Fees and Certificate of Status  Street Address: New Filing Section Division of Corporations  Street Address: New Filing Section Division of Corporations	30bale1	(Name of Re	sulting Florida Limi	ted Co	mpany)	
A. David Glasser  (Contact Person)  ECBIA LLC  (Firm/Company)  19 Tulip Lane  (Address)  Randolph, NJ 07869  (City. State and Zip Code)  david@ ecbia.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  A. David Glasser  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees (S25 for Conversion and Certificate of Status)  S150.00 Filing Fees (S155.00 Filing Fees and Certified Copy and Certified Copy, and Certificate of Status)  Mailing Address: New Filing Section Division of Corporations  New Filing Section Division of Corporations						
(Contact Person)  ECBIA LLC  (Firm/Company)  19 Tulip Lane  (Address)  Randolph, NJ 07869  (City, State and Zip Code) david@ ecbia.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  A. David Glasser  (Name of Contact Person)  at (917 (Area Code) (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees and Certified Copy (S25 for Conversion & Status  S150.00 Filing Fees and Certified Copy (S25 for Articles)  Status  Street Address: New Filing Section Division of Corporations  Division of Corporations	Please return all cor	respondence concernir	g this matter to:			
ECBIA LLC  (Firm/Company)  19 Tulip Lane  (Address)  Randolph, NJ 07869  (City, State and Zip Code)  david@ ecbia.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  A. David Glasser  (Name of Contact Person)  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees (S25 for Conversion & S125 for Articles of Organization)  Mailing Address: New Filing Section Division of Corporations  Street Address: New Filing Section Division of Corporations	A. David Glasser					
(Firm/Company)  19 Tulip Lane  (Address)  Randolph, NJ 07869  (City. State and Zip Code)  david@ ecbia.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  A. David Glasser  (Name of Contact Person)  (Area Code)  (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)    S150.00 Filing Fees   S185.00 Filing Fees   and Certified Copy   Certified Copy, and Certificate of Status    Mailing Address:   Street Address:   New Filing Section   New Filing Section   Division of Corporations   Division of Corporations	500000	(Contact Person)		-		
Address   City. State and Zip Code	ECBIA LLC	(Firm/Commons)	- <del></del> -	-		
(Address)  Randolph, NJ 07869  (City. State and Zip Code)  david@ ecbia.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  A. David Glasser  at (917 )841-8294  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees and Certificate of Status  S150.00 Filing Fees and Certificate of Status  Mailing Address: New Filing Section Division of Corporations  Street Address: New Filing Section Division of Corporations	19 Tulin Lane	(Firm/Company)				
(City. State and Zip Code)  david@ ecbia.com  E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  A. David Glasser  (Name of Contact Person)  at (917	- CO COMP CONTO	(Address)		-		
E-mail Address: (to be used for future annual report notifications)  For further information concerning this matter, please call:  A. David Glasser  at (917 )841-8294  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees S155.00 Filing Fees and Certificate of Status  S125 for Conversion and Certificate of Status  Mailing Address: New Filing Section Division of Corporations  Street Address: New Filing Section Division of Corporations	Randolph, NJ 07869					
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For further information concerning this matter, please call:  A. David Glasser  at (917 ) 841-8294  (Name of Contact Person)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees	david@ ecbia.com					
A. David Glasser  (Name of Contact Person)  (Name of Contact Person)  (Area Code)  (Daytime Telephone Number)  Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)  S150.00 Filing Fees (S25 for Conversion and Certificate of S125 for Articles Status  Mailing Address: New Filing Section Division of Corporations  At 1 (917	E-mail Address: (to	be used for future annual re	port notifications)	=		
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)   S150.00 Filing Fees	For further informat	ion concerning this ma	itter, please call:			
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)   S150.00 Filing Fees	A. David Glasser		at ( 917	,841-	8294	
dollars and drawn on a bank located in the United States)  S150.00 Filing Fees	(Name of Cont	act Person)	(Area Code)	.)(Day	ytime Telephone Number)	
(\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and Certificate of Status  Status Certificate of Status  Mailing Address:  New Filing Section  Division of Corporations  And Certified Copy Certified Copy, and Certified Copy, and Certificate of Status  Street Address:  New Filing Section  Division of Corporations				roces	sed by this office must be	payable in US
New Filing Section  Division of Corporations  New Filing Section  Division of Corporations	☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	and Certificate of			Certified Copy, and	
Division of Corporations Division of Corporations						
P.O. Box 6327 The Centre of Tallahassee						22

2415 N. Monroe Street, Suite 810 🚍

Tallahassee, FL 32303

Tallahassee, FL 32314

#### **Articles of Conversion**

For

## "Other Business Entity"

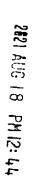
Into

### 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: MAMBO No. 8 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)
2/7/2020 on
on \frac{2/7/2020}{\text{(date of organization, formation or incorporation)}}.
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MAMBO No. 8 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 27th day of July	2021 .
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:  Printed Name: Joseph R. Glowacki	Title: Manager of Manager ECBIA LLC
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: ECBIA LLC by Joseph R. Glowacki	Title: Manager
Signature: An Much Suns. Printed Name: JACE Capital LLC by A. David Glasser	
Signature:Printed Name:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Olf Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y 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:

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE Name Of the L		rie:	
	Limited Liability Company	/ <b>15</b> .	
MAMBO No. 8 LLC	;		
		ibitity Company, "L.L.C.," or "LLC.")	
ARTICLE II - At The mailing addre		e principal office of the Limite	d Liability Company is:
Principal Office	Address:	Mailing Address:	
1180 SW 36th Ave.		7901 4tn St N, Ste 4000	
Pompano Beach, F	L 33069	St. Petersburg, FL 33702	
(The Limited Liability C business entity with an	Registered Agent, Registe Company cannot serve us its own Reactive Florida registration.)  Florida street address of the	red Office, & Registered Age egistered Agent. You must designate an increase registered agent are:	ent's Signature: individual or another
	Registered Agents Inc.		
	Na	ame	
	7901 4th St N, Ste 300		
	Florida street address (F	P.O. Box NOT acceptable)	
	St. Petersburg	FL_ <sup>33702</sup>	
		ΓL	
	City	Zip	
liability comp registered agent statutes relating	med as registered agent and pany at the place designated and agree to act in this cap to the proper and completing at ions of my position as		ept the appointment as y with the provisions of all ad I am familiar with and

#### ARTICLE IV-

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

ECBIA LLC
ECBIA LLC
19 TULIP LANE
RANDOLPH.NJ 07869
JACE CAPITAL LLC
321 BARBERLOOP
MOORSEVILLE.NC 28117
DIXON BRADBURRY
443 LORNA STREET
CHARLOTTE,NC 28205
oupul. Ass.

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 aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JOSEPH R. GLOWACKI, MANAGER OF MANAGER ECBIA LLC	$\geq$	787
Typed or printed name of signee	<u> </u>	_
Filing Fees	مند ا ۲۲	č
\$125.00 Filing Fee for Articles of Organization and Designation of Regis	tered Ag	ent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (	Optional	) <u>a</u>
	رر الحد رياسة	
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