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| | (Requestor's Name) | |
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| Certified Copies | Certificates of s | Status |
| Special Instructions | s to Filing Officer: | |
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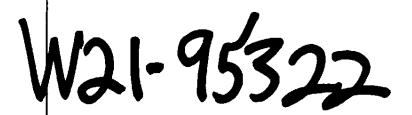


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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 2, 2021

EMILY KELLER HUBCO INCORPORATION SERVICES 238 WEST JERICHO TURNPIKE HUNTINGTO STATION, NY 11746

SUBJECT: OMNI DISTRIBUTIONS LLC

Ref. Number: W21000095322

We have received your document for OMNI DISTRIBUTIONS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000100777.

Please return 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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 621A00015212

COVER LETTER

| TO: | New Filing Se Division of C | | | |
|-----------------------------|---|---|---|--|
| CHD | JECT: | OMNI | DISTRIBUTIONS LL | C |
| SUD | JECT: | (Name of Res | ulting Florida Limited C | Company) |
| The Busi | enclosed Articles ness Entity" into | s of Conversion, Articl a "Florida Limited Li | les of Organization, ability Company" in | and fees are submitted to convert an "Othe accordance with s. 605.1045, F.S. |
| Pleas | se return all corre | espondence concerning | g this matter to: | |
| | E | BRUCE B HUBBARD | | |
| | | (Contact Person) | | |
| | нивсо і | NCORPORATION SERV | ICES | |
| | | (Firm/Company) | | |
| | 238 W | EST JERICHO TURNPIK | E | |
| | | (Address) | | |
| | HUNTIN | GTON STATION, NY 11 | 746 | |
| | ((| City, State and Zip Code) | | |
| | APPRO | VALS.YES@GMAIL.CO | M | |
| Е | -mail Address: (to b | e used for future annual re | port notifications) | |
| For | further informati | on concerning this ma | tter, please call: | |
| | E | MILY | at (516) | 813-1189 |
| | (Name of Conta | act Person) | (Area Code) (I | Daytime Telephone Number) |
| | | or the following amount a bank located in the | | essed by this office must be payable in US |
| (\$25 & \$1 | 150.00 Filing Fees for Conversion 25 for Articles ganization) | ■\$155.00 Filing Fees and Certificate of Status | ☐\$180.00 Filing Fee and Certified Copy | s \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{ |
| New Divi Clift 266 | Filing Section sion of Corporation Building Executive Centahassee, FL 323 | ions ter Circle | New Filing Division o P. O. Box | f Corporations |

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: OMNI DISTRIBUTIONS 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. |
| (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) |
| on (date of organization, formation or incorporation) |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| OMNI ECOM DISTRIBUTIONS LLC |
| (Enter Name of Florida Limited Liability Company) |
| If not effective on the date of filing, enter the effective date: |
| which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. |

All others:

Signature of an authorized person.

2021 JUL 14 FH 6: C

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | | | | | |
|--|---|---|---|---|--|--|--|--|
| The name of the Limited Liability Co | mpany is: | | | | | | | |
| | M DISTRIB | | | | | | | |
| (Must contain the words "Li | mited Liability | Company, "L | .L.C" or "LLC.") | | | | | |
| ARTICLE II - Address: The mailing address and street address | ss of the pri | ncipal offi | ce of the Limit | ed Liability Company is: | | | | |
| Principal Office Address: | | Mailing Address: | | | | | | |
| 3559 MAGELLAN CIR. #323 | | | GELLAN CIR. #3 | 23 | | | | |
| AVENTURA, FL 33180 | | AVENTU | RA, FL 33180 | | | | | |
| The name and the Florida street addr | BLAKE BU | RSTYN | gent are: | | | | | |
| | Name | | | | | | | |
| 3556 |) MAGELLA | N ('IR #373 | | | | | | |
| Florida street ac | | | | | | | | |
| AVEN | ΓURA | FL | 33180 | | | | | |
| C | ty | | Zip | | | | | |
| Having been named as registered of liability company at the place do registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos | esignated in this capaci l complete p | this certifi ity. I furtho performanc | cate, I hereby a r agree to com e of my duties, | iccept the appointment as ply with the provisions of all and I am familiar with and | | | | |
| Registered A | gent's Sign | nature (REC | QUIRED) | 2021 | | | | |
| • | LAKE BUF | | | | | | | |
| _ | (CONTIN | | | | | | | |
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|--------------|---|---|---|---|---|---|---|---|---|
|--------------|---|---|---|---|---|---|---|---|---|

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

| "AMBR" = Authorized Member | | | |
|---|---|---------------|-------|
| | | | |
| "MGR" = Manager | | | |
| AMBR | BLAKE BURSTYN | | _ |
| | 3559 MAGELLAN CIR. #323 | | _ |
| | AVENTURA, FL 33180 | | _ |
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| (Use attachment if necessary) | | | |
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| | | | |
| | BBan | | |
| REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant. | or an authorized representative of a native with section 605.0203 (1) (b), Florida Statut cument to the Department of State constitutes a | es. I am awar | re tl |
| REQUIRED SIGNATURE: Signature of a member of This document is executed in accordant any false information submitted in a document. | ice with section 605 0203 (1) (b). Florida Statut | es. I am awar | re tl |