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| (R | equestor's Name) | |
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| (Address) | | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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| Division of C | | | | |
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| SUBJECT: BONVE | NTRE, LLC | | | |
| 50D3EC1 | | sulting Florida L | imited Cor | npany) |
| | | _ | | nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S. |
| Please return all corr | espondence concernin | g this matter t | o: | |
| BRUCE O'DONNELL, | СРА | | | |
| | (Contact Person) | | | |
| BRUCE O'DONNELL, | CPA, PA | | | |
| | (Firm/Company) | | | |
| 21301 POWERLINE R | OAD, STE 102 | | | |
| | (Address) | | | |
| BOCA RATON, FL 334 | 433 | | | |
| ((| City, State and Zip Code) | | | |
| PAOĽO94@BELLSOU | JTH.NET | | | |
| E-mail Address: (to b | e used for future annual re | port notifications | s) | |
| For further information | on concerning this ma | tter, please ca | 11: | |
| BRUCE O'DONNELL, | СРА | _at (| _\ 883- | 1210 |
| (Name of Conta | ct Person) | (Area Co | de) (Day | rtime Telephone Number) |
| | or the following amou a bank located in the | | | sed 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 Fil and Certified 0 | C | □\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Add | ress: | | Stree | t Address: |
| New Filing Se | | | | Filing Section |
| Division of C | • | | | ion of Corporations |
| P.O. Box 632 | 7 | | The C | Centre of Tallahassee |

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.

| | The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: DNVENTRE, INC |
|------------------------|---|
| | (Enter Name of Other Business Entity) |
| 2. | The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| | rst organized, formed or incorporated under the laws of |
| | (Enter state, or if a non-U.S. entity, the name of the country) |
| 0.0 | 07/20/1998 |
| OH | (date of organization, formation or incorporation) |
| | The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: ONVENTRE, LLC |
| | (Enter Name of Florida Limited Liability Company) |
| 4. | If not effective on the date of filing, enter the effective date: |
| (T the <u>No</u> | he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 12 day of October | 20 |
|--|---------------------------------------|
| Signature of Authorized Representative of Lim | |
| Signature of Authorized Representative: 🐰 🔑 | le Bernet |
| Printed Name: PAOLO BONVENTRE | Title: MANAGER |
| | |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| Sim Pal By day | |
| Signature: X Poole Bounds Printed Name: PAOLO BONVENTRE | Title: PRESIDENT |
| Timed Name: TAGEG BONVENTILE | Title, TRESIDEIVI |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| Signature | |
| Signature:Printed Name: | Title |
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| Signature: | |
| Signature: Printed Name: | Title: |
| C: | |
| Signature: Printed Name: | Title |
| Timed Name. | Title. |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer. |
| If Directors or Officers have not been selected, an In | corporator must sign. |
| | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| Signature of one General Partiter. | |
| <u>lf Florida Limited Partnership or Limited Liabili</u> | ty Limited Partnership: |
| Signatures of ALL General Partners. | |
| | |
| All others: | |
| Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company | is: | |
|---|---------------------------------------|---|
| BONVENTRE, LLC | | |
| (Must contain the words "Limited Lia | ability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of th | e principal office of the Limi | ted Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 3745 NW 4TH AVENUE | 3745 NW 4TH AVENUE | |
| BOCA RATON, FL 33431 | BOCA RATON, FL 3343 | I |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) | egistered Agent. You must designate a | |
| The name and the Florida street address of the | he registered agent are: | \$50 \$71810 22 0 0 |
| PAOLO BONVENTRE N | ame | 7 = 6 2 = 6 3 = 6 4 = 6 5 = 6 |
| 3745 NW 4TH AVENUE | | AH IO: |
| Florida street address (I | P.O. Box <u>NOT</u> acceptable) | 9 33 |
| BOCA RATON | FL 33431 | ઝ 🤶 🦠 |
| City | Zip | |

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| <u>Title:</u> | Name and Address: |
|---|----------------------|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MANAGER | PAOLO BONVENTRE |
| • | 3745 NW 4TH AVENUE |
| | BOCA RATON, FL 33431 |
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| (Use attachment if necessary) | |
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| ARTICLE V: Other provisions, if any. | |
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| | |
| REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE: | |
| Le Bount | |
| 7. 100-F 10 mm 50 | · |
| Signature of a mambay ay | |

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.

PAOLO BONVENTRE

Typed or printed name of signee

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)