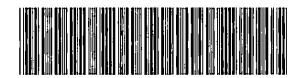
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(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

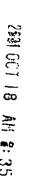
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COVER LETTER

TO:	New Filing S Division of C				
SHRI	ECT: ALPHA	EXOTICS LLC			
SUD	<u> </u>		ulting Florida Lim	ited Cor	mpany)
					nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
DONG	OVAN A COLEY				
		(Contact Person)		-	
DON	COLEY & ASSO	CIATES			
		(Firm/Company)		_	
372 IS	SLIP AVE				
		(Address)	······································		
ISLIP,	NEW YORK 11	751			
	(1	City, State and Zip Code)		_	
CDOM	IALEX@AOL.CO	MC			
E-r	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	ırther informati	on concerning this ma	tter, please call:		
DONG	OVAN COLEY		_at (⁶³¹)277-	8804
	(Name of Conta	act Person)	(Area Code	:) (Day	ytime Telephone Number)
		for the following amou a bank located in the		proces	sed by this office must be payable in US
(\$25 fc & \$125	0.00 Filing Fees or Conversion of for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co	_	■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations 27		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810
	Tallahassee, I	「レ 34314		441)	in mombe succi, suite oid

Tallahassee, FL 32303



October 6, 2021

DONOVAN A COLEY 372 ISLIP AVENUE ISLIP, NY 11751

SUBJECT: ALPHA EXOTICS LLC Ref. Number: W21000132048

We have received your document for ALPHA EXOTICS LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Member must sign on article V and do need articles from Nevada.,

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 021A00024002

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: ALPHA EXOTICS LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED-LIABILITY CORPORATION (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)
· 07/13/2016
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ALPHA EXOTICS 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 21 day of SEPTEMBER	20_2-1
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: KORY-MICHAEL HAMBAS	Title: MEMBER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: 16 1 Mar 10 10 Stand S. Printed Name: KORY-MICHAEL HAMAS	Title: MEMBER
Signature: Printed Name: Emma nuel Fingl	STitle: MEMBER.
Signature:	Title
Printed Name:	1 tuc:
Signature:	Title
Printed Name:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
<u>If Florida Limited Partnership or Limited Liabilit</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fces:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
ALPHA EXOTICS LLC		
(Must contain the words "Limited List	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Cor	npany is:
Principal Office Address:	Mailing Address:	
2400 NE 65TH STREET #603	2400 NE 65TH STREET	
FORT LAUDERDALE, FL 33308	FORT LAUDERDALE, FL 33308	
business entity with an active Florida registration.) The name and the Florida street address of th EMMANUEL FINEUS Na	ne registered agent are:	
2400 NE 66TH \$TREET		
Florida strect address (P	P.O. Box NOT acceptable)	
FORT LAUDERDALE	FL 33308	
City	Zip	
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as Registered Agent's S	d to accept service of process for the above stad in this certificate, I hereby accept the appoint pacity. I further agree to comply with the provite performance of my duties, and I am familia registered agent as provided for in Chapter 6 lignature (REQUIRED)	itment as visions of al r with and

ARTICLE IV-

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

"MGR" = Manager MBR	KORY-MICHAEL HAMBAS
WIDIX	143 CLARENCE RD
	SCARSDALE, NY 10583
MBR	EMMANUEL FINEUS
<u> </u>	1010 GREAT NECK RD
	COPIAGUE, NY 11726
MBR	CLYDE WARD
	11 RIDGEWOOD AVE
	SELDEN, NY 11784
MBR	BUO ZHENG
 	6 REGENT PLACE
	ROSLYN, NY 11576
(Use attachment if necessary) =	see a Herchard

REQUIRED SIGNATURE:

Torym chal Hand

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.

KORY-MICHAEL HAMBAS

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)

ARTICLE IV continue

MBR PHILLIP WARD

273 DELAWARE AVE BAY SHORE, NY 11706 SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, BARBARA K. CEGAVSKE, the Nevada Secretary of State, do hereby certify that ALPHA EXOTICS LLC did on July 13, 2016, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



Certified By: Electronic Filing Certificate Number: C20160713-0214 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 13, 2016.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State