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PICK-UP	☐ WAIT	MAIL
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# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2021

ERIC T. SALPETER, ESQ. SALPETER GITKIN, LLP 3864 SHERIDAN STREET HOLLYWOOD, FL 33021

SUBJECT: APPLIED CAPITAL LLC

Ref. Number: W21000134378

We have received your document for APPLIED CAPITAL LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is a missing.

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

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Letter Number: 521A00024539

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#### **COVER LETTER**

TO:	New Filing S Division of C				
SUR	JECT: Applied	Capital LLC			
001		(Name of Res	sulting Florida Lim	ited Con	npany)
					d fees are submitted to convert an "Other ecordance with s. 605,1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Eric	Γ. Salpeter, Esq.				
		(Contact Person)		_	
Salpe	eter Gitkin, LLP				
		(Firm/Company)		_	
3864	Sheridan Street				
-		(Address)		_	
Holly	wood, FL 33021				
	(1	City, State and Zip Code)		_	
Eric@	@salpetergitkin.co	om			
E-	mail Address: (to b	e used for future annual re	port notifications)		
For f	urther informati	on concerning this ma	tter, please call:		
Eric :	T. Salpeter, Esq.		_at (	467-8	3622
	(Name of Conta	act Person)	(Area Code	(Day	time Telephone Number)
		for the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion for Articles ganization)	□\$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				Address:
	<ul><li>New Filing S</li><li>Division of C</li></ul>				Filing Section ion of Corporations
	P.O. Box 632	-			entre of Tallahassee
	Tallahassee, l	FL 32314		2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

### 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.

Applied Capital 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, co	
(Enter entity type. Example: corporation, limited partnership, general partnership, co	mmon law or business trust, etc.)
First organized, formed or incorporated under the laws of	y, the name of the country)
04/06/2015 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached.	Articles of Organization:
Applied Capital 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 that	
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 document's effective date on the Department of State's records.	s date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statut	tes.
6. The "Converted or Other Business Entity" has agreed to pay any members having ap which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.	praisal rights the amount to
	P 3 min 1\5
	21 OC:
	<u>.                                    </u>

Signed this 28 day of SEPTENBER2021 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Title: Manager Printed Name: Lenny Kisin\_\_\_\_\_ Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Printed Name: LENNA KiSin Signature: Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: Printed Name: \_\_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_ Printed Name: \_\_\_\_\_ Title: \_\_\_\_ Signature: Printed Name: Title: Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion: S25.00 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:	ABILITT COMPANT
Applied Capital LLC	<del></del>	<del></del>
(Must contain the words "	*Limited Liability Company, "L.L.C.," or "L.L.C."	
ARTICLE II - Address:		
	ress of the principal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
2900 North Ocean Drive	2900 North Ocean Drive	
Unit 302	Unit 302	
Hollywood, FL 33019	Hollywood, FL 33019	
The name and the Florida street add Salpeter Gitkin, I 3864 Sheridan S Florida street a	LLP Name	
Hollywood	FL <sup>33021</sup>	
	City Zip	
liability company at the place of registered agent and agree to act statutes relating to the proper of accept the obligations of my p	l agent and to accept service of process designated in this certificate, I hereby of inthis capacity. I further agree to complete performance of my duties, osition as registered agent as provided Agent's Signature (REQUIRED)	accept the appointment as uply with the provisions of all and I am familiar with and
	(CONTINUED)	. <u>e.a</u> No

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#### ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Lenny Kisin
	2900 North Ocean Drive, Unit 302
	Hollywood, FL 33019
	<u>.</u>
	- <u></u>
Illa cattaches in 16 a massame	
TOSC anachment II necessary)	
(Use attachment if necessary)	
(Ose attachment if necessary)	
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CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	an authorized representative of a member
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu	e with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNAPURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree f
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu	e with section 605.0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree f

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)