L21000 505 7-36

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



100374604571

10/18/21--01032--004 **150.00

SEAS COURT OF STATE

1 DE 1418

N

1XXXIS

COVER LETTER

	New Filing S Division of C				
SHD IE.	CT: 818 SPC	ORTS, LLC			
SUBJE	C1;		alting Florida Lim	ited Cor	npany)
					nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please r	eturn all corr	espondence concernin	g this matter to:		
WILLIAN	и HOMSI				
		(Contact Person)		_	
HOMSI	LAW, P.A.			_	
		(Firm/Company)			
8815 CC	NROY-WIND	ERMERE RD., #402		_	
		(Address)			
ORLAND	DO, FLORIDA	32835			
	((City, State and Zip Code)			
WILLIAN	/I@HOMSILAV	VCOM	. مري	ing one	ergenmangegener og en og bligggigt staget og "Sta" 6. de untærer ett der
E-mai	il Address: (to b	e used for future annual re	port notifications)		
For furt	her informati	on concerning this ma	tter, please call:		
WILLIAN	и HOMSI		at (⁴⁰⁷	377-	5507 rtime Telephone Number)
((Name of Conta	ict Person)	(Area Code	2) (Day	rtime Telephone Number)
		or the following amou a bank located in the		proces:	sed by this office must be payable in US
(\$25 for C	00 Filing Fees Conversion or Articles zation)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
<u> </u>	Mailing Add	ress:		Stree	t Address:
New Filing Section			New Filing Section		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, 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 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: 818 SPORTS, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (LLC) (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)
(Enter state, or if a non-U.S. entity, the name of the country)
OCTOBER 21, 2005
(date of organization, formation or incorporation)
 The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: 818 SPORTS, 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 focument'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 s_8 , 605,1006 and 605,1061-605,1072, F.S.

Signed this 12 th day of Censer	
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name:	Title:
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: /A-y -lo-f-v	
Printed Name: 1/A-y -Jo - F-	Title: MANAGER AND AUTHORIZED PERSON
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	corporator must sign. ty Partnership:
All others: Signature of an authorized person.	
Fees:	
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 818 SPORTS, LLC

ARTICLE I

The name of the Limited Liability Company is:

818 SPORTS, LLC

ARTICLE II

The street address of the principal office of the Limited Liability Company is:

6000 ISLAND BLVD., SUITE 1207 AVENTURA, FLORIDA 33160

The mailing address of the Limited Liability Company is:

6000 ISLAND BLVD., SUTTE 1207 AVENTURA, FLORIDA 33160

ARTICLE HI

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSE.

ARTICLE IV

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.



Mailing Address 8815 Conroy-Windermere Road, #402 Orlando, Florida 32835 (407) 377-5507 www.HomsiLaw.com

ARTICLE V

The name and Florida street address of the registered agent is:

HOMSFLAW, P.A. 8815 CONROY-WINDERMERE ROAD #402 ORLANDO, FLORIDA 32835

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.

Signature of Registered Agent:

William M. Homsi, President

The Members hereby delegate the management of the LLC to Manager(s). The name and address of persons(s) authorized to manage the LLC:

Operating Manager: JAY JOFFE

Address of the Managers and Officers being the same as the Principal Address of the LLC.

Signature of an Authorized Representative:

Jay Joffe

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain active status.



Mailing Address 8815 Conroy-Windermere Road, #402 Orlando, Florida 32835 (407) 377-5507 www.Homsitaw.com



I. SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:

818 SPORTS LLC

File Number:

200529710092

Registration Date:

10/21/2005

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of September 6, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF. I execute this certificate and affix the Great Seal of the State of California this day of September 7, 2021.

SHIRLEY N. WEBER, Ph.D.

Secretary of State

Certificate Verification Number: RLPDX2Z

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.