# 12200004271

(Reque	stor's Name)			
(Addres	ss)			
(Addres	os)			
(City/St	ate/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Busine	ess Entity Name)			
(Docum	nent Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



800378549678

12/28/21--01015--009 \*\*150.00

95:11... 3 ... 11006

### COVER LETTER

Division of Corporations		
SUBJECT: RAS Family Trading LLC		
(Name of Re	sulting Florida Limi	ited Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L Please return all correspondence concerning	iability Company	
Bart Chepenik, Esq.		
(Contact Person)	<u> </u>	_
Chepenik Trushin LLP		
(Firm/Company)	-	-
12550 Biscayne Blvd, Suite 805		
(Address)		_
North Miami, FL 33181		
(City, State and Zip Code)		_
bchepenik@ctlip.com		
E-mail Address: (to be used for future annual r	eport notifications)	_
For further information concerning this ma	atter, please call:	
Steven Rosenthal	at ( <sup>7863</sup>	378-8121
(Name of Contact Person)	(Area Code	(Daytime Telephone Number)
Enclosed is a check for the following amo dollars and drawn on a bank located in the		processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\square\$ status	□\$180.00 Filing and Certified Cop	
Mailing Address:		Street 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 <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.

Enter Name of Other Business Entity)	
The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or	business trust, etc.)
t organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of	the country)
March 25, 2019	•
date of organization, formation or incorporation)	
The name of the Florida Limited Liability Company as set forth in the attached Articles of	Organization:
	Ü
S Family Trading LLC	
(Enter Name of Florida Limited Liability Company)	
f not effective on the date of filing, enter the effective date:	
e effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendate this document is filed by the Florida Department of State.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.	
he plan of conversion has been approved in accordance with all applicable statutes.	
he "Converted or Other Business Entity" has agreed to pay any members having appraisal right which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	is the amount to
	ts the amount to
	ts the amount to

Signed this 21st day of December	_ 20_ <del>7  </del>
Signature of Authorized Representative of Limi	A
Signature of Authorized Representative:  Printed Name: Jacob Slevin	Title: Manager
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: Jacob Shevip	Title: Manager
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited 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 FLORIDA LIMITED LIABILITY COMPANY

The name of the L  RAS Family Trading	imited Liability Company	is:	
(M	ust contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Ac The mailing addre		e principal office of the Limited	Liability Company is:
Principal Office A	Address:	<b>Mailing Address:</b>	
4101 N Ocean Blvd	., #1107	4101 N Ocean Blvd., #1107	
Boca Raton, FL 334	131	Boca Raton, FL 33431	
business entity with an	active Florida registration.)  Florida street address of the Jacob Slevin	egistered Agent. You must designate an in	
		ame	
	6443 D'Orsay Ct.		
	Florida street address (	P.O. Box NOT acceptable)	
	Delray Beach	FL <sup>33484</sup>	
	City	Zip	
liability com	pany at the place designate	nd to accept service of process for d in this certificate, I hereby acc pacity. I further agree to comply	ept the appointment as

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

#### ARTICLE IV-

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

"MGR" = Manager		
MGR	Ronald A. Slevin	<u> </u>
	4101 N Ocean Blvd, #1107	
	Boca Raton, FL 33431	-
MGR	Jacon Slevin	
	6443 D'Orsay Ct	
	Delray Beach, FL 33484	
MGR	Maury Slevin	
	120 Riverside Blvd., #14T	
	New York, NY 10069	
MGR	Gert Slevin	
	6443 D'Orsay Ct	· · · · · · · · · · · · · · · · · · ·
	Delray Beach, FL 33484	
(Use attachment if necessary)		r
		_
CLEV. Other provisions if any		-
CLE V: Other provisions, if any.		ر

REO	UI	RED	SI	GN.	A	Τt	JRE
-----	----	-----	----	-----	---	----	-----

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.

Jacob Slevin

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)