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(Requesto	's Name)	
(Address)		
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(City/State	/Zip/Phone #)	
PICK-UP	wait [MAIL
(Rusiness	Entity Name)	
(Dualiteaa	Littly Harries	
(Documen	t Number)	
Certified Copies	Certificates of St	atus
Special Instructions to Filing (Micer:	

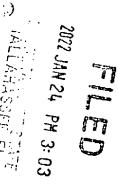




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01/24/22--01006--010 **180.00

2022 JAN 24 PN 2: 27





Filing Cover Sheet

Fo: Florida	Division	of Cor	porations
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From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 1/24/2022

Trans#: 1267598

Entity Name: THE AMERICAN DREAM CLUB CORP. (FL) CONVERTING INTO THE AMERICAN DREAM CLUB LLC (FL)

Articles Incorporation ()	Articles of Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XXX-)		Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()		Merger ()
Reinstatement ()		Withdrawal / Cancellation ()
Other ()		
STATE FEES PREPAID WITH CH	ECK#2545 FOR \$180.00	7
PLEASE RETURN:		
Certified Copy (XX)	Plain Photocopy ()
Good Standing ()	Certificate of Fa	ct ()

Phone: 855-498-5500



To: Florida Division of Corporations

Filing Cover Sheet

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Phone: 855-498-5500

STATE FEES PREPAID WITH CHECK#2545 FOR \$180.00

Limited Partnership ()

Reinstatement ()

PLEASE RETURN:

Other ()

Certified Copy (XX) Plain Photocopy ()

Good Standing () Certificate of Fact ()

COVER LETTER

TO: New Filing Set Division of C				
SUBJECT: The A	American Dream Clu			
	(Name of Res	ulting Florida Limite	ed Com	pany)
				fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
	(Contact Person)			
	(Firm/Company)			
	(Address)			
((City, State and Zip Code)			
mgallinar@agila	w.com			
E-mail Address: (to b	e used for future annual rep	port notifications)		
For further information	on concerning this mat	ter, please call:		
		_at ())	ime Telephone Number)
(Name of Conta	et Person)	(Area Code)	(Dayt	(me Telephone Number)
	or the following amou a bank located in the t		rocesso	ed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□S180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Addi New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7	1	New F Divisio The Co	Address: iling Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

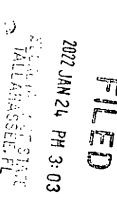
"Other Business Entity"

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.

 The name of the "Other Business Entity" immediate The American Dream Club Corp. 	ely prior to the filing of the Articles of Conversion is:
(Enter Name of Other Busin	ness Entity)
The "Other Business Entity" is a Corporation (Enter entity type - Example: corporation limited)	P216000 63405 partnership, general partnership, common law or business trust. etc.)
First organized, formed or incorporated under the laws	
on 07/09/2021 (date of organization, formation or incorporation)	
 The name of the Florida Limited Liability Company The American Dream Club LLC 	y as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liab	pility Company)
4. If not effective on the date of filing, enter the effecti (The effective date: Cannot be prior to date of recei	ive date: pt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Depar Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	rtment of State.)
5. The plan of conversion has been approved in accord	ance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed which such members are entitled under ss. 605,1006 a	to pay any members having appraisal rights the amount to and 605.1061-605.1072, F.S.



Signed this 24th day of January	20_22			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative: <u>/s/ Akiva</u> Printed Name: <u>Akiva Tessler</u>				
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]			
Signature: /S/ Akiva Tessler				
Signature: // Akiva Tessler Printed Name: Akiva Tessler	Title: President			
Signature:				
Signature:Printed Name:	Title:			
Signature:				
Signature:Printed Name:	Title:			
Signature:				
Printed Name:	_ Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Signature:Printed Name:	_ Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	v 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)			

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
The American Dream Club LLC (Most contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limite	rd Liability Company is:
Principal Office Address:	Mailing Address:	
453 Fanning Street Staten Island, NY 10314	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agred Agent. You must designate an	ent's Signature: individual or another
The name and the Florida street address of the re-	gistered agent are:	
Adams Gallinar, P.A.		
Name		
1000 Brickell Avenue, S	uite 300	
Florida street address (P.O.	Box NOT acceptable)	
Miami	FL 33131	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po accept the obligations of my position as regi	this certificate. I hereby ac y. I further agree to comp erformance of my duties, a	cept the appointment as ly with the provisions of all nd I am familiar with and
/S/ Michael D. G	alliaar	.*%
Registered Agent's Signa		2022 J
(CONTINI	(FD)	A

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Akiva Tessler 453 Fanning Street Staten Island, NY 10314 (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. This limited liability company shall be manager-managed. **REQUIRED SIGNATURE:** /S/ Akiva Tessler 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. Akiva Tessler 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)