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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	·· 1 · - 3.
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

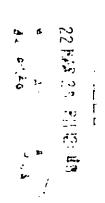
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T. SCOTT, APR 15 2022



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Genova Burns LLC 494 Broad Street, Newark, NJ 07102 Tel: 973.533.0777 Fax: 973.533.1112 Web: www.genovaburns.com

Emily K. Montagna, Esq. Associate
Member of NJ Bar
emontagna@genovaburns.com
Direct: 973-230-2080

March 21, 2022

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Winter Venture Holding LLC

Dear Sir/Madam,

Enclosed please find the cover letter, Articles of Conversion, Articles of Organization and the requisite filing fee for the above-referenced transaction.

Thank you.

Very truly yours,

**GENOVA BURNS LLC** 

Isl Emily K. Montagna

EMILY K. MONTAGNA

EKM Enc.

## **COVER LETTER**

TO:	New Filing Se Division of Co						
SUB.	JECT: Winter Ve	inture Holding LLC					
		(Name of Resu	lting F	Florida Lin	nite	d Comp	any)
				_		-	fees are submitted to convert an "Other ordance with s. 605.1045, F.S.
Pleas	e return all corre	spondence concerning	this	matter to	:		
Jeffre	y R. Rich, Esq.						
	_	(Contact Person)					
Geno	va Bums LLC				_		
4045		(Firm/Company)					
494 6	Broad Street, 6th F						
		(Address)					
Newa	ark, NJ 07102						
iriob/	•	City, State and Zip Code)					
	@genovabums.co	e used for future annual re	ort no	vifications			
For f	urther information	on concerning this mat	ter, p	lease cal	l:		
Salv	atore F. Cannizzai	ro	at (	232		996	- 85 717 ime Telephone Number)
	(Name of Conta	ct Person)		(Area Co	de)	(Dayti	ime Telephone Number)
		or the following amou a bank located in the	-		•	rocesse	ed by this office must be payable in US
(\$25 & \$1	50.00 Filing Fees for Conversion 25 for Articles ganization)	S155.00 Filing Fees and Certificate of Status		180.00 File Certified (	_		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27				New F Division The Co 2415 N	Address: Ciling Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Winter Venture Holding 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, 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)
July 19, 2019 on
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:
Winter Venture Holding 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 // day of March	20_22
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:  Printed Name: Salvatore F. Cannizzaro	1 Com rain
Printed Name: Salvatore F. Cannizzaro	Title: Authorized Representative
Timed Name, <u>savators</u> , samuelare	- THOS ASSISTED TO PRODUCTION
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)}
InP.	
Signature: Colo Con saic Printed Name: Salvatore F. Cabrilizzaro	
Printed Name: Salvatore F. Caphizzaro	_ Title: Authorized Representative
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	_ Title:
Signatura	
Signature:Printed Name:	Title
Timed (talle.	
Signature:	
Printed Name:	Title:
Signature:	TP1-4
Printed Name:	_ 1 itie:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
	_
If Florida General Partnership or Limited Liabilit	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty Limited Partnership:
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
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:		
Winter Venture Holding LL		ty Company, "L.L.C.," or "LLC.")	<del></del>
(Must conta	un the words "Limited Liabili	iy Company, "L.L.C., or "ELC.)	
ARTICLE II - Address The mailing address and		rincipal office of the Limite	d Liability Company is:
Principal Office Addre	<u>ss:</u>	Mailing Address:	
41 Isle of Venice Drive, Ap	t. 502	same	
Fort Lauderdale, FL 33301			
The name and the Florid	ratore F. Cannizzaro		
	Nam	ne	
<u>41 l</u>	sle of Venice Drive, Apt.	502	
Flo	orida street address (P.0	O. Box <u>NOT</u> acceptable)	
Fort	Lauderdale	FL 33301	
	City	Zip	
liability company of registered agent and of statutes relating to t	nt the place designated agree to act in this capa he proper and complete	to accept service of process j in this certificate, I hereby ac acity. I further agree to comp e performance of my duties, a egistered agent as provided j	ecept the appointment as ply with the provisions of all and I am familiar with and

(CONTINUED)

## ARTICLE IV-

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

1BR	SFC Enterprises, Inc. 46 Newman Springs Road East Red Bank, NJ 07701  Salvatore F. Cannizzaro 41 Isle of Venice Drive, Apt. 502 Fort Lauderdale, FL 33301
MBR	46 Newman Springs Road East Red Bank, NJ 07701  Salvatore F. Cannizzaro 41 Isle of Venice Drive, Apt. 502
1BR	46 Newman Springs Road East Red Bank, NJ 07701  Salvatore F. Cannizzaro 41 Isle of Venice Drive, Apt. 502
1BR	Salvatore F. Cannizzaro 41 Isle of Venice Drive, Apt. 502
MBR	Salvatore F. Cannizzaro 41 Isle of Venice Drive, Apt. 502
	41 Isle of Venice Drive, Apt. 502
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EV: Other provisions, if any.  EQUIRED SIGNATURE:	uthorized representative of a member
E V: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an air	uthorized representative of a member
E V: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an au This document is executed in accordance with s	section 605.0203 (1) (b), Florida Statutes, I am aware th
E V: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an au This document is executed in accordance with s	uthorized representative of a member section 605.0203 (1) (b), Florida Statutes. I am aware the to the Department of State constitutes a third degree felo
EQUIRED SIGNATURE:  Signature of a member or an author of a member or an author of a member of a member of any false information submitted in a document to as provided for in s.817.155, F.S.  Salvatore F. Cannizzaro	section 605.0203 (1) (b), Florida Statutes. I am aware the Department of State constitutes a third degree felo
EQUIRED SIGNATURE:  Signature of a member or an author of a member or an author of a member of a member of any false information submitted in a document to as provided for in s.817.155, F.S.  Salvatore F. Cannizzaro	section 605.0203 (1) (b), Florida Statutes, I am aware th