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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	y)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Dr	cument Number)	
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: I AMM RETAIL RESILIEN	T
(Name of Resulting Florida Limit	
The enclosed Articles of Conversion, Articles of Organization Business Entity" into a "Florida Limited Liability Company	
Please return all correspondence concerning this matter to:	
Gail Rubinstein (Contact Person)	
Retail Resilient (Firm/Company)	
12932 Veneto Springs Dr.	
Boyton Beach, FL 33473 (City, State and Zip Code)	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
) 308-5882 (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks p dollars and drawn on a bank located in the United States)	rocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status \$\$180.00 Filing and Certified Cop	
New Filing Section	Street Address: New Filing Section
	Division of Corporations The Centre of Tallahassee
	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.

1. The name of the "Other E	Business Entity" immediately pr AMM Retail Resul		es of Conversion is:
	(Enter Name of Other Business En		•
2. The "Other Business Enti (Enter entity type.	ity" is a LLC Example: corporation, limited partner	ship, general partnership, commo	n law or business trust, etc.)
First organized, formed or in	corporated under the laws of(Ente	NEW JERSEY r state, or if a non-U.S. entity, the	name of the country)
on 630 (date of organization, formation	2017 on or incorporation)		
	Limited Liability Company as so		cles of Organization:
·	<u>ım Retail Resilient</u>		
(Ente	er Name of Florida Limited Liability C	Company)	
4. If not effective on the dat (The effective date: Cannot	e of filing, enter the effective da	ite: April M.	Asy use date of filing.
the date this document is fi	iled by the Florida Department block does not meet the applicable state	it of State.)	, ()
5. The plan of conversion ha	s been approved in accordance	with all applicable statutes.	
6. The "Converted or Other B which such members are e	ousiness Entity" has agreed to pay ntitled under ss. 605.1006 and 60	any members having apprais 5.1061-605.1072, F.S.	al rights that amount to APR 25 AM

Signed this 11th day of April	20 <i>22</i>
Signature of Authorized Representative of Lim	7
Signature of Authorized Representative: Printed Name: Gall Rubinsfein	Title: Managing Member.
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	_
Signature:	Title: Managing Member.
Signature:Printed Name:	
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
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.	
<u>Fees:</u>	
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Amm Retail Resilient (Must contain the words 'Limited Liability	L. L. C.
(Must 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 Limited Liability Company is:
Principal Office Address:	Mailing Address:
7901 HM St N. STE 4000 St. Petersburg, FL 33702	12932 Veneto Springs Dr. Blogaton Bayntoni Beach, FL 33473.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re-	gistered agent are:
Registered Age	ents INC.
7901 4th St. N. Florida street address (P.O. 1	Ste 300 Box <u>NOT</u> acceptable)
St. Petersburg City	
liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	
registered rigent a signal	(ILQUILL)

(CONTINUED)

(Use attachment if necessary) Gail Rubinstein 12932 Veneto Springs Dr. Boyton Beach FL 33473.	<u>Fitle:</u> "AMBR" = Authori "MGR" = Manager	zed Member	Name and Address:
(Use attachment if necessary)		"AMBIL" "MGIL"	Gail Rubinstein 12932 Veneto Springs Dr. Boyton Beach Fr 33473
(Use attachment if necessary)			
(Use attachment if necessary)			ZOZZ APR
	(Use attachment if r	iecessary)	の。 25 27 27 27 27 27 27 27 27 27 27 27 27 27
			E A B B B B B B B B B B B B B B B B B B
	REQUIRED SIGN	ATURE:	

ARTICLE IV-

Gail Ruhinstein "MGR" + "AMT3"

Typed or printed name of signee

Filing Fees

as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)