

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CASLE AROZDE VIDEO FRANCHISING IVISION OF CORPORATIONS TALLAHASSEE, FLORIDA 2022 JUL 26 PM 10: 0"

COVER LETTER

TO: New Filing Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of C	Corporations			
SUBJECT: LEADING	G PEERS LLC			
	(Name of Res	ulting Florida Limi	ted Con	npany)
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited Li	les of Organizati ability Company	on, an	d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
ELENA DIAZ				
	(Contact Person)		=	
GLADES COMPANY	SERVICES CORP			
-	(Firm/Company)		-	
1940 Wilson Street				
	(Address)		-	
HOŁLYWOOD, FL, 33	020			
(1	City, State and Zip Code)		•	
ediaz@gladescs.com				
E-mail Address: (to b	oe used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter, please call:		
Elena DIAZ		_at (<u></u>	,423-0	0558
(Name of Conta	act Person)	(Area Code)	(Day	rtime Telephone Number)
	for the following amou a bank located in the		rocess	sed 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		☐S185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Add New Filing S				Address: Filing Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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 l	Name of Other Busines	s Entity)		
2. The "Other Business	Entity" is a _	CORPORATION			
2. The "Other Business (Enter entity)	type. Example: c	corporation, limited par	tnership, general parti	nership, common lav	v or business trust, etc.)
First organized, formed	or incorporate	ed under the laws o	FLORIDA		
		I)	Enter state, or if a non-	U.S. entity, the nam	e of the country)
7/09/2020 on					
on (date of organization, fo	rmation or incorp	poration)			
3. The name of the Flor	rida Limited L	iability Company a	e cat forth in the a	ttachad Antialas	of Organization.
LEADING PEERS LLC	ilda Elillited E	naomity Company a	s set form in the a	ttacheu Articles	or Organization:
	(Enter Name of I	Florida Limited Liabili	ty Company)		
4. If not effective on th	e date of filing	g, enter the effective	e date:		
(The effective date: Ca				more than 90 ca	lendar days after
the date this documen Note: If the date inserted in	t is filed by th	ie Florida Departn	nent of State.)	anara dia dan asi	l mark har librar di an at
document's effective date or	the Department	of State's records.	statutory timig require	ments, this date with	not be fisted as the
5. The plan of conversion	on has been app	proved in accordan	ce with all applica	ble statutes.	
6. The "Converted or Oth which such members	her Business Er are entitled und	ntity" has agreed to der ss. 605,1006 and	pay any members h 605.1061-605,107	aving appraisal ri 2, F.S.	ghts the amount to
				DIV.	2022
				r C A	<u>ال</u> ا ع الا

•	
Signed this 15th day of JULY	20 <u>22</u>
Signature of Authorized Representative of	Limited Liability Company:
Signature of Authorized Representative:	1. Pol
Printed Name: LEANDRO POPIK	Title: MANAGER MEMBER
	Title.
Signature(s) on behalf of Other Business Ent	tity: [See below for required signature(s)]
c: Pd	
Signature: Printed Name: LEANDRO I POPIK	Tid., DRESIDENT
	Title: FRESIDENT
Signature:	
Printed Name: PAULA A ARGUINDEGUI	Title: VICE PRESIDENT
Signature:	
Printed Name:	Title;
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Directo	or, or Officer.
If Directors or Officers have not been selected,	an Incorporator must sign.
If Florida General Partnership or Limited Li	iahility Partnershin
Signature of one General Partner.	ability I al thersity.
_	
If Florida Limited Partnership or Limited Li	ability Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
5	
Fees:	

\$25.00

\$125.00

Articles of Conversion:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LEADING PEERS	LLC
(Must contain the words "Limi	ed Liability Company, "L.L.C" or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1280 LEEWARD WAY	1280 LEEWARD WAY
WESTON, FLORIDA 33327	WESTON, FL 33327
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: wm Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	of the registered agent are: Name
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address LEANDRO POPIK 1280 LEEWARD WAY	of the registered agent are: Name
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address LEANDRO POPIK 1280 LEEWARD WAY	of the registered agent are: Name (P.O. Box NOT acceptable)
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address LEANDRO I POPIK 1280 LEEWARD WAY Florida street address	of the registered agent are: Name

(CONTINUED)

Registered Agent's Signature (REQUIRED)

TOTAL SEE PH 10:

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DIVISION OF CORPORA

DIVISION OF CORP. FLOO

ARTICLE IV-

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

"AMBR" = Authorized Member	
$^{\prime\prime}MCD^{\prime\prime}-Monouroz$	
"MGR" = Manager AMBR	LEANDRO I POPIK
	1280 LEEWARD WAY
	WESTON, FL 33327
	
(Use attachment if necessary)	
RTICLE V: Other provisions, if any, e Limited Liability Company is a Member Mana	agad Campany, Marshau
e rimited rigolity company is a wighing fival:	anen Lombany Members may
noint Managers (MGR) but not members	aged company : Wembers may
point Managers (MGR) but not members.	aged company . Mcmbers may
point Managers (MGR) but not members.	aged company . Nicinbers may
point Managers (MGR) but not members.	aged company . Nicinbers may
REQUIRED SIGNATURE:	aged company . Nicinbers may
point Managers (MGR) but not members.	E. Port
point Managers (MGR) but not members.	E. Pork
REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, Lamaware that
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. LEAN	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony NDRO I POPIK
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. LEAN	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony NDRO I POPIK ped or printed name of signce
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S. LEAN Typ	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony NDRO I POPIK