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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	Office Use Only	, H



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COVER LETTER

Division of Corporations		
SUBJECT: Arrona	Tech LLC	
(Name of Re.	sulting Florida Limited Con	npany)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L		
Please return all correspondence concerning	g this matter to:	
Laily Arrona (Contact Person)		
Arrona Tech LLC (Firm/Company)		
1971 Harbor View (Address)		
Weston FL 333	aT	
Weston FL 333. (City, State and Zip Code) 1 aily @ arronatech E-mail Address: (to be used for future annual re	n , Com	
For further information concerning this ma		
Laily Arrona (Name of Contact Person)	at (571) 43 (Area Code) (Day	rtime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	` .	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\square{Q}\$\$ \$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations	New I	t Address: Filing Section ion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

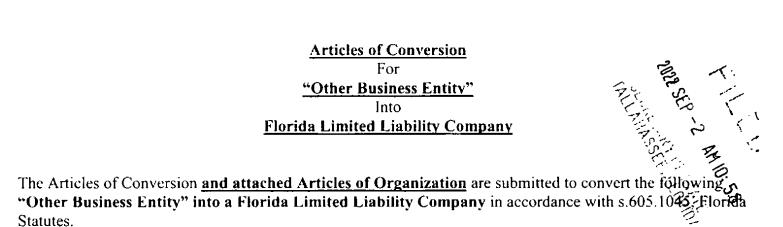
Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Arrona Tech LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Screen partnership</u> , LC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Virginia (Enter state, or if a non-U.S. entity, the name of the country)
on April 25,2011 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
Arrona Tech 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 afte 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.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - A The mailing addre		principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
1971 Harb Weston F	or View Circle	1971 Harbor View Circle Weston FL 33327
		red Office, & Registered Agent's Signatura
(The Limited Liability of business entity with an	Company cannot serve as its own Reparties Florida registration.) Florida street address of the	gistered Agent. You must designate an individual or another
(The Limited Liability of business entity with an	Company cannot serve as its own Repartition.) Florida street address of the Laily Ar National Harbe	gistered Agent. You must designate an individual or another

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

Signed this 30 day of August	_20_27
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative:	Title: Owner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: RODOLEO Arcons	Title: Owner
Signature:	
Printed Name:	Title:
Signature:Printed Name:	See below for required signature(s) Title:
Signature:Printed Name:	
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 Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> 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)

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

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
AMRR	RODOLFO ARRONA
Internal Adultary	1971 Harbor View Circ
	Weston FZ 33327
AMBR	Laily Arrona
	1971 Harbor View Circle
	Weston FL 33327
(Use attachment if necessary)	Tr.
(Use attachment if necessary)	A HASSE
`	THASE THE
(Use attachment if necessary) LE V: Other provisions, if any.	AHASSET, FLOR
`	AHASSET, FLORADE
`	AHASSEE, FLORAN
LE V: Other provisions, if any.	AHASSET, FLORAD.
LE V: Other provisions, if any.	AHASSEE, FLORING
LE V: Other provisions, if any.	THASSEE FLORING
LE V: Other provisions, if any. REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware