220W 440901

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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C. J. E. I.M. JR VIDEO F. B. ANCHISHO DIVISION OF CORPORATIONS TALLARASSEE, FLORIDA

2022 OCT -5 PM 9: 5

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: LAA Partners LLC		
	alting Florida Limit	ed Company)
The enclosed Articles of Conversion, Articles usiness Entity" into a "Florida Limited Li		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
Registered Agents Inc.		
(Contact Person)		
(Firm/Company)		
7901 4th St NSTE 300		
(Address)		
St. Petersburg, FL 33702		
(City, State and Zip Code)		
eastern@registeredagents	- 	
E-mail Address: (to be used for future annual re-	port notifications)	
For further information concerning this mat	tter, please call:	
Filings Team	_at (307	200-2803
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		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	
Mailing Address:		Street Address:
New Filing Section Division of Corporations		New Filing Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion For "Other Business Entity" Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following

Statutes.	Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida
The name of the LAA Partners LLC	ne "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. The "Other Ru	siness Entity" is a Limited Liability Company
(Enter	entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
	ormed or incorporated under the laws of New Jersey
-	(Enter state, or if a non-U.S. entity, the name of the country)
on 1/9/201	.8
	tion, formation or incorporation)
3. The name of th	ne Florida Limited Liability Company as set forth in the attached Articles of Organization:
LAA Part	ners LLC
	(Enter Name of Florida Limited Liability Company)
4. If not effective	on the date of filing, enter the effective date:
(The effective da	on the date of filing, enter the effective date: te: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(The effective dathe date this doc	te: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ument is filed by the Florida Department of State.)
(The effective dathed the date this doctor) If the date inse	te: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
(The effective dathe date this document's effective	te: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ument is filed by the Florida Department of State.) erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 29th day of September	20
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Yony Noy 867F1AD7D	Member Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: Yony Nov 867F1407G122402	Title: Member
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of 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 Liability Signatures of <u>ALL</u> 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 LIVII I	ED LIABI	ILITY CO	IVIPA!NY
ARTICLE I - Name: The name of the Limited Liability Company	is:			
LAA Partners LLC				
(Must contain the words "Limited Liab	oility Company, "L.L.C.," o	or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	principal office of t	the Limited	Liability C	ompany is:
Principal Office Address:	Mailing Addre	ess:		
7777 Glades Road Suite 100	7777 Glades Ro	oad Suite 100	1	
Boca Raton FL 33434	Boca Raton FL.	33434		
7901 4th St N STE 300 Florida street address (P	nne P.O. Box <u>NOT</u> accep	otable)	<u></u>	
St. Petersburg City	FL FL Zin	25100		
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as But Registered Agent's S	d in this certificate, I pacity. I further agre te performance of my registered agent as p	hereby acce we to comply y duties, and provided for	ept the appo with the pr A Lam famil	ointment as covisions of al liar with and

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager Member	Yony Noy
- Inchiber	7777 Glades Road Suite 100
	Boca Raton FL 33434
	
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
ARTICLE V. Other provisions, if any.	
REQUIRED SIGNATURE:	
The land tack	
- The state of the	
(2)	

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.

	Ri	ley	Par	k
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Typed or printed name of signce

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)