22200474708

(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:

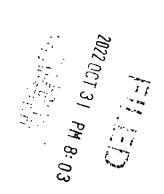
Office Use Only

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COVER LETTER

Division of Corporations	
SUBJECT: Progeny.nyc, LLC	
(Name of R	Resulting Florida Limited Company)
Business Entity" into a "Florida Limited	ticles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ing this matter to:
Andries de Villiers	
(Contact Person)	
Progeny.nyc, LLC	
(Firm/Company)	
12555 SW 34th PL	
(Address)	
Davie, FL 33330	
(City, State and Zip Code	e)
andries@progeny.nyc	
E-mail Address: (to be used for future annua	I report notifications)
For further information concerning this r	matter, please call:
Juliana de Villiers	at (²⁰³) ⁵³⁵³⁵⁸⁸
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am dollars and drawn on a bank located in the	nount: (All checks processed by this office must be payable in US he United States)
\$\Bigsis \$150.00 \text{ Filing Fees} (\$25 \text{ for Conversion} & \$125 \text{ for Articles} & Status of Organization)	and Certified Copy S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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 and attached Articles of Organization 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: Progeny NYC, 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)
11/3/17
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Progeny.nyc, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1/1/2022
(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 31 day of Ochober	_20_2~
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Andrer devilles	Title: Our
Signature(s) on behalf of Other Business Entity:	
Signature: MMM Wi	
Signature: Milly Mic. Printed Name: SUI. Cnz cl. U. Wels	Title: Authorized Henber
Signature:	
Signature: Printed Name:	Title:
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	Officer
If Directors or Officers have not been selected, an In	corporator must sign.
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)

7022 OCT 31 PH 8: 03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	- Nama:			
	the Limited Liability	Company is:		
Progeny.NYC,				
	(Must contain the words	"Limited Liability C	Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing a		lress of the prin	cipal office of the Limite	ed Liability Company is:
Principal Of	fice Address:		Mailing Address:	
12555 SW 34t	th Pl		12555 SW 34th PI	
Davie, FL 333	30		Davie, FL 33330	
business entity v	vith an active Florida registr d the Florida street ac Andries de Villie	ation.) Idress of the reg	ed Agent. You must designate an	individual or another
		Name		
	12555 SW 34th	PI		
	Florida street	address (P.O. I	Box NOT acceptable)	
	Davie		FL 33330	
		City	Zip	
liability registered a statutes re	company at the place agent and agree to actellating to the proper at the obligations of my	designated in the tin this capacity and complete per position as regis	his certificate, I hereby ac v. I further agree to comp	ply with the provisions of all and I am familiar with and
		(CONTINU	ED)	2022 OCT 31

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Andries Petrus de Villiers
TVCAT3	12555 SW 34th PI
	Davie, FL 33330
AMGR	Juliana Ribeiro Leite de Villiers
	12555 SW 34th Pl
	Davie, FL 33330
	
(Use attachment if necessary)	2022 OCT 3
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OT THE CA	
CLE V: Other provisions, if any.	$S_{o}^{n_{o}} = \mathbf{\omega}$
	
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	⊇ <i>%</i> ∞
DECLUDED CYCNA TOWN	○ 03
REQUIRED SIGNATURE:)

ped or printed name of signer

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