L22000501131

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
	(Business Entity Name)	
	(Business Littly Name)	
	/D	
	(Document Number)	
Certified Copies	Certificates of Stat	tus
Special Instructions to	o Filing Officer:	

Office Use Only



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COVER LETTER

Division of Co	orporations				
SUBJECT:	SMASH	CAPI	TAL, INC.		
	(Name of Resu	ılting	Florida Limit	ed Com	npany)
					d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this	matter to:		
Migu	uel A. Maspons, Esq.				
	(Contact Person)			-	
Mas	pons Advisory Services				
	(Firm/Company)		•	-	
232 /	Andalusia Avenue, Suite	200			
- 	(Address)			-	
Coral	Gables, Florida 33134				
((City, State and Zip Code)			.	
ma	as@mascorpserv.com				
E-mail Address: (to b	e used for future annual re	port n	otifications)	-	
For further informati	on concerning this ma	tter, p	olease call:		
Vanessa M.	Collazo	at (786)	539-1430
(Name of Conta	act Person)		(Area Code)	(Day	rtime Telephone Number)
	for the following amou a bank located in the		-	orocess	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		1180.00 Filing Certified Cop		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27			New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

TO: New Filing Section

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED CONVERSION FOR:

SMASH CAPITOL, INC.

PLEASE RETURN A CERTIFIED COPY & A CERTIFICATE OF STATUS

CHECK# 9420 FOR: \$122.50



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 21, 2022

FLORIDA RESEARCH & FILING SERVICES, INC.

SUBJECT: SMASH CAPITAL, INC. Ref. Number: W22000133634

We have received your document for and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L20000371167.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 822A00023705

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. Flori "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida

	SMASH CAPITAL, INC. (Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a INC. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of
on	(Enter state, or if a non-U.S. entity, the name of the country) 01/18/2021 (date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	Smash Capital FL, LLC
	Smash Capital FL, LLC (Enter Name of Florida Limited Liability Company)
(Ti the <u>Not</u>	

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 22nd day of November	20 22
Signature of Authorized Representative of Lin	
Signature of Authority to	
Signature of Authorized Representative:	
Printed Name: Jeremy Najjar	Pille) Manager
Signature(s) on behalf of Other Business Entity:	_
Signature:	
Printed Name: Jeremy Nagar	The Desident
Signature: Printed Name:	
Printed Name:	Title
0:	
Signature:	
Signature:Printed Name:	Title:
Signature	
Signature: Printed Name:	
Printed Name:	Title:
Signature: Printed Name:	m-1
Printed Name:	Title:
Signature:	
Printed Name:	Title
	ride
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.	_
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fces:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	//

مستقمها ومساوه والمساومة والمستوية والمستوي والمستوية والمستواء والمستوادة والمستوادة والمستوادة والمازية المازية والمازية والمستوادة والمستودة والمستوادة والمستوادة

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Smash Capi	tal FL. LLC	
	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of th	ne principal office of the Limited Liab	oility Company i
Principal Office Address:	Mailing Address:	
228-Hilldele Avenue 936 S.W. 1st Ave., #271	1228 Hilldale Avenue 936 S.W. 1	st Ave., #271
141		
West Hellywood, California 90069	West Hellywood, California 90069	}
Miami, Florida 33130 ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I	Miami, Florida 33130 ered Office, & Registered Agent's 5	Signature:
Miami, Florida 33130 ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)	Miami, Florida 33130 ered Office, & Registered Agent's S Registered Agent. You must designate an individu	Signature: al or another
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of	Miami, Florida 33130 ered Office, & Registered Agent's S Registered Agent. You must designate an individu the registered agent are:	Signature: al or another
Miami, Florida 33130 ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of MAS Corpora	Miami, Florida 33130 ered Office, & Registered Agent's S Registered Agent. You must designate an individu	Signature:
Miami, Florida 33130 ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of MAS Corpora	Miami, Florida 33130 ered Office, & Registered Agent's Segistered Agent. You must designate an individuathe registered agent are: ate Services, LLC	Signature: al or another
Miami, Florida 33130 ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of MAS Corpora N	Miami, Florida 33130 ered Office, & Registered Agent's Segistered Agent. You must designate an individuate registered agent are: ate Services, LLC	Signature: al or another
Miami, Florida 33130 ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of MAS Corpora N	Miami, Florida 33130 ered Office, & Registered Agent's S Registered Agent. You must designate an individu the registered agent are: ate Services, LLC Jame Avenue, Suite 200	Signature: al or another

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jeremy Najjar
	1228 Hilldele Avenue 936 S.W. 1st Ave., #271
	West Hollywood, California 90069 Miami, Florida
(Use attachment if necessary)	
LE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	1
REQUIRED SIGNATURE:	an authorized representative of a member
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felor
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 the ment to the Department of State constitutes a third degree felometer Najjar, Manager
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 the ment to the Department of State constitutes a third degree felometer Najjar, Manager ped or printed name of signee
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. Jo	ewith section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felomenmy Najjar, Manager ped or printed name of signee Filing Fees
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. Jo	with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felephenemy Najjar, Manager reped or printed name of signee Filing Fees of Organization and Designation of Registered A

ARTICLE IV-