22000521647

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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SCORETARY OF STATE

Articles of Conversion

For

"Other Business Entity"

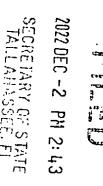
Into

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.

1931 NE 32nd LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (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)
05-03-2022 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: 1931 NE 32nd 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 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 29th da	ay of November	20
Signature of Authorized	d Representative of Limit	ed Liability Company:
Signature of Authorized Printed Name: Matthew So	Representative: MSS juillace	Title: CEO
Signature(s) on behalf of	Other Business Entity:	See below for required signature(s)]
Signature:		7
Printed Name: Matthew 5q	uíllace	Title: CEO
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		mu.
Printed Name:		_ Title:
Signature:		
Printed Name:		_ Title:
Signature:		
Printed Name:	.	Title:
If Florida Corporation:		
-	ce Chairman, Director, or O	
If Directors or Officers hav	ve not been selected, an Inco	orporator must sign.
	ership or Limited Liability	Partnership:
Signature of one General F	'artner.	
If Florida Limited Partne Signatures of <u>ALL</u> Genera	ership or Limited Liability I Partners.	Limited Partnership:
All others: Signature of an authorized	person.	
Fees:		

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

d Liability Company is	:	
ain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
s: street address of the p	rincipal office of the Limited	Liability Company is:
<u>ss:</u>	Mailing Address:	
203	4300 biscayne blvd, STE 203	3
	4300 biscayne blvd, STE 203	
cannot serve as its own Regis lorida registration.)	stered Agent. You must designate an ind	
	ogistorea agent are.	
	<u> </u>	
		
i	33137	
City	Zip	
the place designated in gree to act in this capace of proper and complete points of my position as regular to the proper and capacity of the property of the p	n this certificate, I hereby acceptity. I further agree to comply superformance of my duties, and gistered agent as provided for the lature (REQUIRED)	pt the appointment as with the provisions of a I am familiar with and
	ain the words "Limited Liabilities: I street address of the poss: 203 Pred Agent, Registered cannot serve as its own Registorida registration.) In a street address of the interpolation of the place designated in the place designated in gree to act in this capace on sof my position as registered agent and to the place designated in the place of my position as registered agent and to the place of my position as registered agent and to the place designated in the place of my position as registered agent and to the place of my position as registered agent and complete poss of my position as registered agent and complete poss of my position as registered agent and complete poss of my position as registered.	Mailing Address: Mailing Address: 4300 biscayne blvd, STE 203 4300 biscayne blvd, STE 203 4300 biscayne blvd, STE 203 Astreed Agent, Registered Office, & Registered Agent are: Agent cannot serve as its own Registered Agent. You must designate an inclorida registration.) a street address of the registered agent are: Name Discayne blvd, STE 203 Fida street address (P.O. Box NOT acceptable) FL 33137 City Zip Tregistered agent and to accept service of process for the place designated in this certificate. I hereby accepted to act in this capacity. I further agree to comply be proper and complete performance of my duties, and the process of my position as registered agent as provided for the place designated in the certificate agent as provided for the place designated in this capacity. I further agree to comply the proper and complete performance of my duties, and the proper and complete performance agent as provided for the place designated in this capacity. I further agree to comply the proper and complete performance of my duties, and the place designated in this capacity. I further agree to comply the proper and complete performance of my duties, and the proper and complete performance of my duties. Agent City City City City City City City Cit

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 MGR	Matthew Squillace	
	4300 biscayne blvd, STE 203	<u></u>
	Miami, FL, 33137	_
	- Wilding 1 E, 00107	
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(Use attachment if necessary)		
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ICLE V: Other provisions, if any.	ţ	
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		<u> </u>
	[2:44 STATE
REQUIRED SIGNATURE:	,	
Wash ///	77	m -

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.

Matthew Squillace

Typed or printed name of signee

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)