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| (Re                     | questor's Name)      |             |
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| (Cit                    | ty/State/Zip/Phone # | <u>.</u>    |
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| PICK-UP                 | ☐ WAIT               | MAIL        |
|                         |                      |             |
| (Bu                     | siness Entity Name   | )           |
|                         |                      |             |
| (Do                     | cument Number)       | <del></del> |
|                         |                      |             |
| Certified Copies        | _ Certificates o     | f Status    |
|                         |                      |             |
| Special Instructions to | Filing Officer:      |             |
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| то:                 | New Filing So<br>Division of Co  |  |                        |                               |  |                    |
|---------------------|--|--|------------------------|-------------------------------|--|--------------------|
| (1 <b>.1.1.1.</b>   |  | IN INFINITY LLC                                |                        |                               |  |                    |
| SUB                 | IECI:  | (Name of Res                                   | ulting Florida         | Limited Co                    | npany)   |                    |
|                     |  |  |                        |                               | nd fees are submitted to conversecordance with s. 605.1045. F.   |                    |
| Pleas               | e return all corre   | espondence concernin                           | g this matter          | r to:                         |  |                    |
| CARL                | OS MEDINA  |  |                        |                               |  |                    |
|                     |  | (Contact Person)                               |                        |                               |  |                    |
| BRIN                | GABOUT INC   |  |                        |                               |  |                    |
|                     |  | (Firm/Company)                                 |                        |                               |  |                    |
| 6205                | BLUE LAGOON I  | DR STE 130                                     |                        |                               |  |                    |
|                     |  | (Address)                                      |                        |                               |  |                    |
| МІАМ                | I FLORIDA 3312   | 6  |                        |                               |  |                    |
|                     | ((   | City, State and Zip Code)                      |                        | <del></del>                   |  |                    |
|                     | @BRINGABOUT  |  |                        |                               |  |                    |
| E-1                 | mail Address: (to b  | e used for future annual re                    | port notification      | ons)                          |  |                    |
| For fu              | arther information   | on concerning this ma                          | tter, please o         | call:                         |  |                    |
| CARL                | OS MEDINA  |  | at ( <sup>305</sup>    | 655                           | 1589   |                    |
|                     | (Name of Conta   | ct Person)                                     | (Area                  | Code) (Da                     | 1589<br>vtime Telephone Number)  |                    |
|                     |  | or the following amou<br>a bank located in the | nt: (All che           | eks proces                    | sed by this office must be paya  | ible in US         |
| (\$25 fc<br>& \$12. | 50.00 Filing Fees<br>or Conversion<br>5 for Articles<br>anization)               | \$155.00 Filing Fees and Certificate of Status | ☐\$180.00 and Certifie |                               | ☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status                                       |                    |
|                     | Mailing Addi<br>New Filing So<br>Division of C<br>P.O. Box 632<br>Tallahassee, F | ection<br>orporations<br>7                     |                        | New<br>Divis<br>The C<br>2415 | Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303 | <b>2022</b> [ £C 2 |

### **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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ARLEQUIN INFINITY CORP   |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.  |
| (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)   |
| 07/26/2013<br>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:   |
| ARLEQUIN INFINITY 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.)  |
| <u>Note:</u> 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.                  |

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

2022 DEC 28 PM 3: 47