30002499

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CT CORP

(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

D	ate: 06/22/2023	3 50000072 W: CDW
	Acc#I20160	0000072
Name:	Lakota Holdings Limited L	Liability Company
Document #:		
Order #:	14985086	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Des	
Filing: 🗸	Certified: V Plain: COGS:	Email Address for Annual Report Notifications
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 180.00	

Thank you!

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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Lakota Holdings Limited Liability Company
Lakota Holdings Limited Liability Company (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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
09/19/2003 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: Lakota Holdings Limited Liability Company
(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.

TALLAHASSEE FATE

Signed this 12th day of June	2023
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Caul K Printed Name: CG/L WOT	Title: Managens Sarfing
Signature(s) on behalf of Other Business Entity: [5	
Signature: Cost World Printed Name: Cost World	Title: Comera) for joil
Signature: Marion Wolf Printed Name: Manin 461	Title: fertage
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 Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)

FILED

2023 JUN 22 PH 5: 40

SECRETARY OF STATE
TALLAHASSEE, FLE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limite		
Lakota Holdings Limited	Liability Company	
(Must co	ntain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE H - Addre	ss:	
The mailing address ar	nd street address of the	principal office of the Limited Liability Company is:
Principal Office Add		Mailing Address:
r tincipal Office Add	1.635.	
6899 Collins Ave, Apt 24	101	6899 Collins Ave, Apt 2401
Miami Beach, Florida 33	1141	Miami Beach, Florida 33141
business entity with an active. The name and the Florence in	rida street address of th	ne registered agent are:
С	T CORPORATION SYTE	EM
<u>-</u>		ume
12	200 South Pine Island Ro	pad
		P.O. Box NOT acceptable)
Pi	antation	FL 33324
	City	Zip
liability compan	at the place designated	nd to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of al

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)

Margaret & Platzalan

Margaret E. Routzahn, Assistant Secretary (CONTINUED)



"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Carl Wolf 6899 Collins AM, GADKOI Mioni Barl El ESVIV
AMBE	Marion Wolf 1999 Calyes A.D. A. of 240' Milini Deach, FL 23/4/
~	
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Call Walf Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	with section 605,0203 (1) (b), Florida Statutes. I am aware

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability