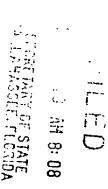


(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Partie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





06/13/23--01003--022 **150.00





COVER LETTER

	New Filing Se Division of C					
SUBJE	CT: FINTOVA	A LLC				
		(Name of Res	sulting Florida Limi	ted Con	npany)	-
The encl Business	osed Articles Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organizat ability Compan	ion, an y" in a	d fees are submitted to cocordance with s. 605.10	convert an "Other 045, F.S.
Please re	eturn all corre	espondence concernin	g this matter to:			
	· - ·	(Contact Person)		_		
InfoTaxS	quare.com			_		
		(Firm/Company)				
7 David	4ve 			_		
		(Address)				
Hicksville	e, NY 11801			_		
	(C	City, State and Zip Code)				
F-mail	Address: (10 h	e used for future annual re	nort notifications)	-		
			•			
For furth	er informatio	on concerning this ma	tter, please call:			
Madiha			_at (<u>516</u>)	3100	
(Name of Contac	ct Person)	(Area Code	(Day	time Telephone Number)	
		or the following amou a bank located in the		rocess	sed by this office must be	e payable in US
■ \$150.0 (\$25 for C & \$125 fo of Organiz	r Articles	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	1807.84 1807.84 1807.84
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				New I Divisi The C 2415	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite	BO 18 THE STATE OF

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: FINTOVA LEC
(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.
(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)
(Enter state, or if a non-U.S. entity, the name of the country)
MAY 9TH, 2019 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: FINTOVA 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 31ST day of MAY	20 <u>23</u>
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:	21
Printed Name: GARY MAIER	Title: MEMBER
Timed Name: Office to delice	4 Title: Membert
Signature(s) on behalf of Other Business Entity:	
Signature: GEARY MAIER Printed Name: GARY MAIER	
Printed Name: GARY MAIER	Title: MEMBER
Timed rame.	THE THE
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Comparations	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	r Officur
If Directors or Officers have not been selected, an li	
The colors of Officers have not occur selected, and if	ncorporator must sign.
If Florida General Partnership or Limited Liabil	lity Partnershin:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabil	lity Limited Partnership:
Signatures of ALL General Partners.	· · · · · · · · · · · · · · · · · · ·
-	
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FINTOVA LLC	NA	Sallin Company of L.C. Sangle (19)			
(Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - A The mailing add		he principal office of the Limited Liability Compa	any is:		
Principal Office Address:		Mailing Address:			
2110 N OCEAN E	BLVD., # 18E	2110 N OCEAN BLVD., # 18E			
FORT LAUDERD		FORT LAUDERDALE, FL 33305			
The name and m	ie morida street address of	the registered agent are.			
The name and th	ie Florida street address of INCORP SERVICES, IN	Ç			
The name and th	INCORP SERVICES, IN				
The name and th	INCORP SERVICES, IN	C. Name VE			
The name and th	INCORP SERVICES, IN	C. Name			
The name and th	INCORP SERVICES, IN	C. Name VE			
The name and th	INCORP SERVICES, IN 3458 LAKESHORE DRI Florida street address	C. Name VE (P.O. Box NOT acceptable)			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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						
AMBR	GARY MAIER					
	2110 N OCEAN BLVD., # 18E					
	FORT LAUDERDALE, FL 33305					
						
						
						
(Use attachment if necessary)	lse attachment if necessary)					
RTICLE V: Other provisions, if any.						
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that iment to the Department of State constitutes a third degree felony					
GARY MAIER						

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)