

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| , |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |
| W23000084763 |

Office Use Only





COVER LETTER

| TO: | New Filing So Division of C | | | | | |
|-------------------|--|--|------------------------------------|-------------------------------|--|-----------------------------------|
| SUR | IECT. ASAP SE | ERVICES 24/7, LLC | | | | |
| JUDA | ,EC1. | (Name of Res | ulting Florida Lin | nited Con | npany) | - |
| Busir | ness Entity" into | a "Florida Limited Li | ability Compai | ıy" in a | nd fees are submitted to eccordance with s. 605.1 | |
| Pleas | e return all corre | espondence concerning | g this matter to | * | | |
| SHIM | ION EDRI | | | | | |
| | | (Contact Person) | | | | 23 HAR 3 SECAL DA TALL AHAS |
| | | (Firm/Company) | <u> </u> | _ | | 三型型 |
| 2451 | FILLMORE STR | EET | | | | 581 |
| | | (Address) | | | | 7-7 |
| HOLI | YWOOD, FL 330 | 020 | | | | PH12: 43 |
| | ((| City, State and Zip Code) | | | | |
| | na@royaltoday.co | _ | <u></u> | | | |
| E- | mail Address: (to b | e used for future annual re | port notifications) | | | |
| For f | urther informati | on concerning this ma | tter, please call | : | | |
| Shim | on Edri | | at (720 | ₎ 364. | 9180 | |
| - | (Name of Conta | ct Person) | | le) (Day | ytime Telephone Number) | - |
| | | or the following amou a bank located in the | | proces | sed by this office must t | pe payable in US |
| (\$25 f & \$12 | 50.00 Filing Fees or Conversion 5 for Articles ganization) | - | □\$180.00 Filin and Certified C | | \$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| | Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I | ection orporations 7 | | New Divis The (2415 | et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite hassee, FL 32303 | 810 |

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Article ASAP Services LLC | s of Conv | ersion | is: |
|--|--|-----------|-----------|
| (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, commo | | | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, commo | n law or bus | iness tru | st, etc.) |
| st organized, formed or incorporated under the laws of Colorado (Enter state, or if a non-U.S. entity, the r | | | "门 |
| (Enter state, or if a non-U.S. entity, the | name of the | country |) |
| 07/08/2015 on | : - : : : : : : : : : : : : : : : : : : | | |
| (date of organization, formation or incorporation) | ⊒ , | Ž. | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Artic | cles of Or | gañiza | tion: |
| ASAP SERVICES 24/7, 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 9 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 document's effective date on the Department of State's records. | 0 calenda | | |
| 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.

23 HAR 31 PH 12: 1.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Na The name of the I | ime: .imited Liability Company i | is: | |
|--|---|--|--|
| ASAP SERVICES | 24/7, LLC Just contain the words "Limited Liab | ility Company, "L.L.C.," or "L4.C.") | |
| ARTICLE II - A The mailing addre | ddress: ess and street address of the | principal office of the Limited L | iability Company is: |
| Principal Office | Address: | Mailing Address: | |
| 2451 FILLMORE S | | 2451 FILLMORE STREET HOLLYWOOD, FL 33020 | |
| (The Limited Liability) | Registered Agent, Registe Company cannot serve as its own Re n active Florida registration.) | red Office, & Registered Agent egistered Agent. You must designate an indi | 's Signature: vidual or another |
| The name and the | e Florida street address of th | ne registered agent are: | 27 |
| | SHIMON EDRI | | 231 850 850 |
| | No | ime | 23 HAR 31 SECRETAR |
| | 2451 FILLMORE STREET | | |
| | Florida street address (P.O. Box <u>NOT</u> acceptable) | | |
| | HOLLYWOOD | FL 33020 | PMI2: 43 |
| | City | Zip | \tilde{z}^{\pm} $\tilde{\bar{\omega}}$ |
| liahility con registered agei statutes relat | npany at the place designate nt and agree to act in this ca ing to the proper and comple obligations of my position as | ad to accept service of process for d in this certificate, I hereby acceptacity. I further agree to comply see performance of my duties, and cregistered agent as provided for 1 EALS. Signature (REQUIRED) | pt the appointment as with the provisions of al I am familiar with and |

(CONTINUED)

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|-----|-----|-----|--------------|------|-------|
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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 MGR | SHIMON EDRI | |
| WOX | 2451 FILLMORE STREET | |
| | HOLLYWOOD, FL 33020 | |
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| (Use attachment if necessary) | | |
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| | 23 SE: |) |
| ARTICLE V: Other provisions, if any. | 23 HA SECKE VLLAH | |
| | | ***** |
| | <u> </u> | |
| 1.00 | | 1 |
| REQUIRED SIGNATURE: | | : - |
| Shimon 5 | PHZ: | |
| | $(A \cap A)$ | |
| 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 docu- as provided for in s.817.155, F.S. | ment to the Department of State constitutes a third degree felony | |
| as provided for in s.5 (7.155, 17.5). | nimon Edri | |
| The state of the s | and the printed paper of signer | |

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)