L23000452877

(Requestor's Name)
(Address)
(Address)
(0) (0) (7) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





200416254092

07/31/23--01042--011 **125.00 03/28/23--01004--001 **30.00





COVER LETTER

esulting Florida Li	nited Cor	npany)
_		nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
ng this matter to):	
eport notifications)	
atter, please cal	<u>:</u>	
at / 201	,6211	420
(Area Coo	le) (Day	rtime Telephone Number)
·	proces	sed by this office must be payable in US
	_	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810
	report notifications atter, please call (Area Cocount: (All checks: United States)	report notifications) atter. please call: at (201

Tallahassee, FL 32303

TO: New Filing Section

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:

3GNR LLC
(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.)
First organized, formed or incorporated under the laws of
10/27/2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: 3GNR 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 01 day of September	_ 20 <u>_ 23</u>	
Signature of Authorized Representative of Limi	ited Liability Company:	
Signature of Authorized Representative:	Oil a	
Printed Name: Ron Dick	Title: Director	_
Signature(s) on behalf of Other Business Entity:		
Signature: Ron Dich		
Signature: Ron Dick Printed Name: Ron Dick	Title: Director	-
Signature:		_
Signature:Printed Name:	Title:	_
Signature:Printed Name:		_
Printed Name:	Title:	_
Signature:Printed Name:	711.1	-
Signature:Printed Name:		_
Printed Name:	litle:	_
Signature:Printed Name:	721.1	_
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liability of the Country o	corporator must sign.	
Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	Manual FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Norman			
ARTICLE I - Name The name of the Lim		ny is:	
3GNR LLC	 		
(Must o	contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr The mailing address a		the principal office of the Limit	ted Liability Company is:
Principal Office Add	dress:	Mailing Address:	
21351 Falls Ridge Way	y	21351 Falls Ridge Way	
Boca Raton, FL 33428		Boca Raton, FL 33428	
	orida street address of Ion Dick	f the registered agent are:	
		Name	
_	1351 Falls Ridge Way		
I	Florida street address	(P.O. Box <u>NOT</u> acceptable)	
Bo —	oca Raton	FL 33428	
	City	Zip	
liability compan registered agent and	y at the place designa d agree to act in this c o the proper and comp	and to accept service of process ited in this certificate. Thereby a capacity. I further agree to com- plete performance of my duties, a as registered agent as provided	iccept the appointment as ply with the provisions of all and I am familiar with and
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The name and address of each person authorized to manage and control the Limited Liability Company:

BARADDE — Analoguica d'Adrica la com-	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Ron Dick
, MAIO	21351 Falls Ridge Way
	Boca Raton, FL 33428
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(1 1 1 1)	
Use attachment if necessary)	
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LE V: Other provisions, if any. REQUIRED SIGNATURE:	Ron Dida
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
E V: Other provisions, if any. REQUIRED SIGNATURE: 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
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any false information submitted in a document is a document in a docu	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware
REQUIRED SIGNATURE: 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
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Ron Dick	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware to the Department of State constitutes a third degree fel
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Ron Dick	

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)