## L23000512351

(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:
openia maradiona de i mig omeo.

Office Use Only



700417129707

SECRETARY OF CO.

2023

- -

5

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

APTONEK LLC	
Please Debit FCA000000003 For: 150	
Thank you Seth Neeley	
1 - //	
Straf	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Сеп. Сору
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC II Retrieval

#### **COVER LETTER**

TO: New Filing Section Division of Corporati	ions	
SUBJECT: APTONEK	II C	
SUBSECT	(Name of Resulting Florida Limi	nited Company)
The enclosed Articles of Cor Business Entity" into a "Flor	iversion, Articles of Organizat rida Limited Liability Compan	ation, and fees are submitted to convert an "Other ny" in accordance with s. 605.1045, F.S.
Please return all corresponde	ence concerning this matter to:	· .
Romy B	. Jurado	
(Conta	act Person)	
Jurado & Asso	ociates, P.A.	
(Firm	(Company)	
10800 Biscayne Bo	ulevard Suite 850	
(A	(ddress)	
Miami,	FL 33161	
(City, Stat	e and Zip Code)	_
romy@jura	dolawfirm.com	
E-mail Address: (to be used for	or future annual report notifications)	<del></del>
For further information conc	erning this matter, please call:	l:
Romy B. Jurado	at (305	) 921-0976
(Name of Contact Person		de) (Daytime Telephone Number)
	following amount: (All checks located in the United States)	s processed by this office must be payable in US
	5.00 Filing Fees S180.00 Filing and Certified Co	
Mailing Address: New Filing Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

INHS11 (7/17)

# 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

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Article APTONEK LLC	es of Conversion 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, common	n law or business trust, etc.)
First organized, formed or incorporated under the laws of Maryland (Enter state, or if a non-U.S. entity, the	name of the country)
on 07/13/2017	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	cles of Organization:
APTONEK LLC	
(Enter Name of Florida Limited Liability Company)	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 96 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.	
5. The plan of conversion has been approved in accordance with all applicable statutes.	
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	al rights the amount to
	2023
	••
	ĽÒ.
	 (-)

Signed this 14 day of November	20 <u>23</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Ahme Printed Name: Ahmed Gaid	d Goid
Signature of Authorized Representative:	min Authorized Mambas
Printed Name: Ahmed Gald	Title: Authorized Member
Signature(s) on behalf of Other Business Entity:	
Signature: Ahmed Gold Printed Name: Ahmed Gaid	
Printed Name: Ahmed Gaid	Title: Authorized Member
	<del></del>
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	my.
Printed Name:	Title:
S:	
Signature:Printed Name:	Title
Printed Name:	1106
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	0.07
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida Gen <u>eral Partnership or Limited Liabili</u>	ty Partnershin.
Signature of one General Partner.	ty I althersmp.
orginature of one General Latines.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
Ali others:	
Signature of an authorized person.	
_	
Fees:	
Adialog of Consections	\$75 AA
Articles of Conversion:	\$25.00 \$135.00
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Ontional)
Certified Copy:	\$30.00 (Optional) \$5.00 (Optional)
Certificate of Status:	Φυίνο (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Name:			
****	Limited Liability Compan	y is:		
APTONEK LLC				
	(Must contain the words "Limited L	iability Company, "I	L.C.," or "LLC.")	
ARTICLE II -	Address:			
	iress and street address of t	he principal off	ce of the Limited Liabi	lity Company is:
Principal Offic	e Address:	Mailing	Address:	
2 ClockTower Pl.	, Unit 522	2 ClockT	ower PI, Unit 522	
Nashua, NH 03060	)	Nashua.	NH. 03060	·
<del></del> .	<u> </u>			<del></del>
The name and the	he Florida street address of	the registered a	gent are:	
The name and the	he Florida street address of Romy B. Jurado	the registered a	gent are:	
The name and the	Romy B. Jurado	Name	gent are:	
The name and the	Romy B. Jurado	Name Suite 850		
The name and the	Romy B. Jurado	Name Suite 850		
The name and the	Romy B. Jurado  10800 Biscayne Boulevard Florida street address	Name Suite 850	acceptable)	

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Ahmed Gaid
	2 ClockTower PI, Unit 522
	Nashua, NH, 03060
<u>-</u>	
-	
<del></del>	
(I In	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	Ahmed Gaid
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awalment to the Department of State constitutes a third degree
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awa iment to the Department of State constitutes a third degree
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awarment to the Department of State constitutes a third degree Ahmed Gaid
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awaiment to the Department of State constitutes a third degree Ahmed Gaid yped or printed name of signee
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awa ment to the Department of State constitutes a third degree  Ahmed Gaid  yped or printed name of signee  Filing Fees of Organization and Designation of Registere
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.  Ty \$125.00 Filing Fee for Articles	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awa ment to the Department of State constitutes a third degree  Ahmed Gaid  yped or printed name of signee  Filing Fees of Organization and Designation of Registere
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.  Ty \$125.00 Filing Fee for Articles	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awa ment to the Department of State constitutes a third degree  Ahmed Gaid  yped or printed name of signee  Filing Fees of Organization and Designation of Registere
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.  Ty \$125.00 Filing Fee for Articles	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awa ment to the Department of State constitutes a third degree  Ahmed Gaid  yped or printed name of signee  Filing Fees of Organization and Designation of Registere

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

ARTICLE IV-