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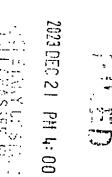
| (Re | questor's Name) | |
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| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | <u>-</u> |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: New Filing Division of | Section Corporations | | | |
|--|---|------------------------------------|-------------------|---|
| SUBJECT: Unite4. | LLC | | | |
| 30b3EC1 | (Name of Re | sulting Florida Limit | ed Comp | any) |
| | | _ | | fees are submitted to convert an "Other cordance with s. 605.1045, F.S. |
| Please return all con | respondence concernin | g this matter to: | | |
| Michael De Biase, E | sq. | | | |
| | (Contact Person) | | | |
| Tobin, Reyes, Alvare | z & De Biase, PLLC | | | |
| | (Firm/Company) | | | |
| 225 N.E. Mizner Bou | levard, Suite 510 | | | |
| | (Address) | <u> </u> | | |
| Boca Raton, Florida | 33432 | | | |
| · | (City, State and Zip Code) | | | |
| mdebiase@tobinreye | • | | | |
| E-mail Address: (to | be used for future annual re | port notifications) | | |
| For further informa | tion concerning this ma | tter, please call: | | |
| Michael De Biase, Es | sq. | at (561 | 620-0 | 656 |
| (Name of Con | tact Person) | _ \ | (Daytii | me Telephone Number) |
| | for the following amount a bank located in the | • | rocesse | d by this office must be payable in US |
| ■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | ☐\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing and Certified Cop | y | □\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Ad New Filing Division of P.O. Box 63 | Section Corporations | | New Fi Divisio | Address: ling Section n of Corporations ntre of Tallahassee |

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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:

Unite4, LLC

| (Enter Name of Other Business Entity) |
|--|
| 2. The "Other Business Entity" is a |
| 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) |
| December 14, 2015 . |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Unite4, 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 |

1027 DEC 21 PM 4:00

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

| Signed this 22nd day of December | 20_23 |
|---|--|
| Signature of Authorized Representative of Limi | |
| Signature of Authorized Representative: | Title: Authorized Representative |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| Signature(s) on behalf of Other Business Entity: Signature: Printed Name: Michael De Blase Signature: | Title: Authorized Representative |
| Signature:Printed Name: | Title: |
| 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 If Directors or Officers have not been selected, an Inc. | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabili 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) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Unite4, LLC | |
|--|---|
| (Must contain the words "Lin | ited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| | of the principal office of the Limited Liability Company is |
| · · | |
| | |
| Principal Office Address: | Mailing Address: |
| | Mailing Address: 4167 Main Street |
| Principal Office Address: 4167 Main Street Jupiter, FL 33458 | |

The name and the Florida street address of the registered agent are:

| Tobin, Reyes, Alvarez & | De Biase, PLLC | 2023 FAT |
|--------------------------|---------------------------------------|-------------|
| | Vame | |
| 225 N.E. Mizner Bouleva | · · · · · · · · · · · · · · · · · · · | 10 PM |
| Florida street address (| (P.O. Box <u>NOT</u> acceptable) | |
| Boca Raton | FL 33432 | |
| City | Zip | 00 |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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)

(CONTINUED)

ARTICLE IV-

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

| Name and Address: | |
|-------------------|--|
| | |
| | |
| Romie Chaudhari | |
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| | |
| | Romie Chaudhari 4167 Main Street Jupiter, FL 33458 |

REQUIRED SIGNATURE:

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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael De Biase, Authorized Representative of a Member

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)