# 24000131359

| (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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|   |

Office Use Only



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02/23/24--01024--018 \*\*150.00

### **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 Article ADS Real Estate I, LLC   | s of Con    | iversion is:         |
|--|-------------|----------------------|
| (Enter Name of Other Business Entity) Limited Liability Company  |             |                      |
| 2. The "Other Business Entity" is a  |             |                      |
| (Enter entity type. Example: corporation, limited partnership, general partnership, commor New York  | ı law or bu | usiness trust, etc.) |
| First organized, formed or incorporated under the laws of  |             |                      |
| (Enter state, or if a non-U.S. entity, the   | name of th  | ie country)          |
| February 28th, 2019  |             |                      |
| on .   |             |                      |
| on (date of organization, formation or incorporation)  |             |                      |
| <ol> <li>The name of the Florida Limited Liability Company as set forth in the attached Artic<br/>ADS Real Estate I, LLC</li> </ol>  | eles of O   | rganization:         |
| (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 the date this document is filed by the Florida Department of State.)                    | calend      | ar days after        |
| 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. | will not b  | e listed as the      |
| 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 appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.       | al rights i | the amount to        |
|  |             | :                    |
|  | _<br>       | ÷;                   |
|  | -           | 56                   |

| •   | ·                                   |
|---|-------------------------------------|
| Signed this 15th day of February                        | _ 20 <u>24</u>                      |
| Signature of Authorized Representative of Limi          | ted Liability Company:              |
|   |                                     |
| Signature of Authorized Representative:                 | 15                                  |
| Printed Name: Ari Sason                                 | Title: Authorized Member            |
| rinted Name. An Oason                                   | Title.                              |
| Signature(s) on behalf of Other Business Entity: [      | See below for required signature(s) |
| - 1/  | 1                                   |
| Signature:  |                                     |
| Printed Name: Ari Sason                                 | Title: Authorized Member            |
|   |                                     |
| Signature:  |                                     |
| Printed Name:   |                                     |
|   |                                     |
| 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      | Officer.                            |
| If Directors or Officers have not been selected, an Inc |                                     |
| •   |                                     |
| If Florida General Partnership or Limited Liability     | ty Partnership:                     |
| Signature of one General Partner.                       | <del></del>                         |
| S   |                                     |
| If Florida Limited Partnership or Limited Liability     | ty Limited Partnership:             |
| Signatures of ALL General Partners.                     |                                     |
| <u></u>   |                                     |
| All others:   |                                     |
| Signature of an authorized person.                      |                                     |
| 5.5   |                                     |
| Fees:   |                                     |
| A .: 1  | #2C 00                              |
| 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

| ADTICLE I. Nomes  |                            |                     |                  |            |
|---|----------------------------|---------------------|------------------|------------|
| <b>ARTICLE I - Name:</b> The name of the Limited Liability Co                     | ompany is:                 |                     |                  |            |
|   |                            |                     |                  |            |
| ADS Real Estate I, LLC  |                            |                     |                  |            |
|   | imited Liability Company." | L.L.C.," or "LLC.") |                  |            |
|   |                            |                     |                  |            |
| <b>ARTICLE II - Address:</b> The mailing address and street addre                 | as of the principal off    | ica of the Limite   | ad Liability Con | anany is:  |
| The maining address and street addre  | ss of the principal off    | ice of the Limit    | d Liability Coll | ipairy is. |
| Principal Office Address:   | <u>Mailing</u>             | Address:            |                  |            |
| 1935 West Ave., Suite 106   | 1935 We                    | st Ave., Suite 106  |                  |            |
| Miami Beach, FL 33139   |                            | each, FL 33139      |                  |            |
|   |                            |                     |                  |            |
|   | D 1 1000 0                 | <b>5</b>            |                  |            |
| ARTICLE III - Registered Agent,<br>(The Limited Liability Company cannot serve as |                            |                     |                  |            |
| business entity with an active Florida registration                               |                            | ou must brongmare   |                  |            |
| The name and the Florida street addr  | ess of the registered a    | igent are:          |                  |            |
|   |                            | -5                  |                  |            |
| Ari Sason   |                            |                     |                  |            |
|   | Name                       |                     |                  |            |
| 1935 West Ave., S   | uite 106                   |                     |                  |            |
| Florida street ac   | ldress (P.O. Box NO        | T acceptable)       |                  |            |
| Miami Beach   | EI                         | 33139               |                  |            |
|   | <u>FL</u><br>ity           | Zip                 |                  |            |
|   |                            |                     |                  |            |
| Having been named as registered o   | •                          |                     |                  |            |
| liability company at the place de   |                            | •                   |                  |            |
| registered agent and agree to act in  |                            |                     |                  |            |
| statutes relating to the proper and accept the obligations of my po               |                            |                     |                  |            |
| accept the oongaining of my pos   |                            | d                   | vii Ciiapioi ee  |            |
|   | /////                      |                     | <u> </u>         | 9 <u>6</u> |
|   | 10 87                      |                     |                  |            |
| Registered A  | gent's Signature (RE       | QUIRED)             |                  | _          |
|   |                            |                     | ر<br>در          | <i>S</i>   |
|   | (CONTINUED)                |                     |                  |            |

**ARTICLE IV-**

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

|  | Name and Address:  |
|--|--|
| "AMBR" = Authorized Member   |  |
| "MGR" = Manager  | Ari Canan  |
| AMBR   | Ari Sason<br>1415 20th St., Unit 406   |
|  | Miami Beach, FL 33139  |
|  | Wilatti Deacti, FC 33 139  |
| AMBR   | Joshua Sason   |
|  | 310 NE 88 St.  |
|  | Miami, FL 33138  |
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| (Use attachment if necessary)  LE V: Other provisions, if any.   |  |
| LE V: Other provisions, if any.  |  |
| LE V: Other provisions, if any.  | 25   |
| 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 a ment to the Department of State constitutes a third deg |
| REQUIRED SIGNATURE:  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.   | with section 605.0203 (1) (b), Florida Statutes. I am a  |
| REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document in a submitted in a subm | with section 605.0203 (1) (b), Florida Statutes. I am a  |