

(Re	equestor's Name)	
(Ac	ddress)	
· (Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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04/23/2024

Date:

wil SW Acc#I20160000072 New Era Capital AG, LLC Name: Document #: Order #: 115508526 Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Country of Destination: Apostille/Notarial Certification: Number of Certs: Email Address for Annual Report Notifications: Filing: 🗸 Certified: 🗸 Plain: COGS: Availability _____ 180.00 Amount: \$ Document ____ Examiner _____ Updater _____ Verifier _____ W.P. Verifier _____ Ref#

Thank you!

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.

(Enter Name of Other B	
	Jusiness Entity)
2. The "Other Business Entity" is a limited liability of	
(Enter entity type. Example: corporation, limi	ted partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the la	aws of
-	(Enter state, or if a non-U.S. entity, the name of the country)
08/28/2020 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Comp	oany as set forth in the attached Articles of Organization:
New Era Capital AG, LLC	
(Enter Name of Florida Limited	Liability Company)
4. If not effective on the date of filing, enter the eff	fective date:
(The effective date: Cannot be prior to date of re	eceipt or filed date nor more than 90 calendar days after
Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's record	licable statutory filing requirements, this date will not be listed as the
Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's record	licable statutory filing requirements, this date will not be listed as the

Signed this 16th day of April	20_24		
Signature of Authorized Representative of Limit	ed Liability Company:		
Signature of Authorized Representative: Printed Name: Joc Lukens	Title: Member	_	
Signature(s) on behalf of Other Business Entity: [S			
Signature:Printed Name: Joe Lukens	Title: Member	- -	
Signature:Printed Name:	_ Title:	- -	
Signature:Printed Name:			
Signature:Printed Name:			
Signature: Printed Name:			
Signature:Printed Name:	_ Title:	- -	٠
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	2024 AI	······································
All others: Signature of an authorized person.		APR 23	
Fees:		AM 9:47 OF STATE SEE, FL	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	TE C	

ARTICLES OF ORGANIZATION FOR F1	LORIDA LIMITED LIABII	LITY CONIPAINY
ARTICLE I - Name: The name of the Limited Liability Company is:	:	
New Era Capital AG, LLC		
(Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC." }	
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
4381 W. Gulf Drive	4381 W. Gulf Drive	
Sanibel, FL 33957	Sanibel, FL 33957	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the CT Corporation System Nam 1200 South Pine Island Road Florida street address (P.C.)	registered agent are:	t's Signature: lividual or another
Plantation	FL 33324	
City	Zip	•
Registered Agent's Sig	in this certificate, I hereby accertity. I further agree to comply performance of my duties, and egistered agent as provided for ystem Broderick gnature (REQUIRED) ra Broderick, Asst. Secretary	pt the appointment as with the provisions of all I I am familiar with and

Joe Lukens

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	
AMBR	Joe Lukens
	4381 W. Gulf Drive
	Sanibel, FL 33957
Manager	New Era Capital, LLC
	4381 W. Gulf Drive
	Sanibel, FL 33957
(Use attachment if necessary)	
LE V: Other provisions, if any.	
as recalled providence, in any	
	Q.
DECLUDED CLCMATURE.	フラー
REQUIRED SIGNATURE: $_{\sim}$	beuSigned by:
	2/2
	T.: (1)27/10/480
Signature of a member of	r an authorized representative of a member :-
This document is executed in accordance	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the
any talse information submitted in a doc	ument to the Department of State constitutes a third degree felo
as provided for in s.817.155, F.S.	FA

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)