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(Cit	y/State/Zip/Phone #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(50.	siness Emity Name,	,
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to I	Filing Officer:	

Office Use Only

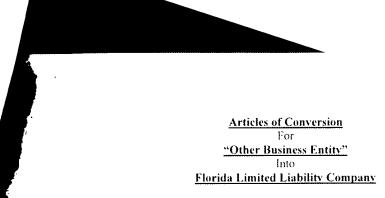


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rea Code) (Daytime Telephone Number) (Call: (Daytime Telephone Number) (Checks processed by this office must be payable to the states) (States) (States) (States) (States) (States) (States) (States) (Certified Copy. and Certificate of Status Certificate of Status (Certificate of Copy. and Certificate of Status Certificate of Status (Certificate of Status Certificate of Corporations Office office of Corporations Office off
Street Address: New Filing Section New Filing Section Division of Corporations The Centre of Tallahassee The Centre of Monroe Street. 2415 N. Monroe 32303 Tallahassee, FL 32303
call: 768-2249 (Daytime Telephone Number) (Checks processed by this office must be payable states) (States) (States) (States) (States) (Certified Copy, and Certified Copy, and Certificate of Status Certificate of



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: PARALLELE SPORT HORSES LLC - M22000002581

(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.
Fir	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	02/17/2022
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organiz
PA	RALLELE SPORT HORSES 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

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

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A .	
ed this 26th day of April	<u>20²⁴</u> .
nature of Authorized Representative of Lim	
Ignature of Authorized Representative: <u>Rotar</u> Printed Name: <u>Roxane Mosleh Ginsberg</u>	e Mosleh Linsberg
Printed Name: Roxane Mosleh Ginsberg	Title: Incorporator
Signature(s) on behalf of Other Business Entity:	(See below for required signature(s))
Signature: Rotane Mosleh Hinsberg Printed Name: Roxane Mosleh Ginsberg	Title: Incorporator
Signature:	72.1
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
61	
Signature: Printed Name:	Title
Signature:	my I
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
4 D4h	
All others: Signature of an authorized person.	
Ç	
Fees:	
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 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: PARALLELE SPORT HORSES LLC - M22000002581
(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.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
02/17/2022
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PARALLELE SPORT HORSES 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.

COVER LÉTTER

New Filing Section Division of Corporations

F Divis	ion of Corporations	
E JBJECT:	PARALLELE SPORT HORSES LLO	С

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Filings Team				
	(Contact Person)			
Northwest Registered	Agent LLC			
	(Firm/Company)			
7901 4th St. N STE 30	00			
	(Address)			
St. Petersburg, FL 337	'02			
(1	City, State and Zip Code)			
FLfilings@northwestre	gisteredagent.com			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Filings Team		at (⁵⁰⁹	768-2249	
(Name of Conta	ict Person)	 \	(Daytime Telephone N	Number)
	for the following amount a bank located in the		cessed by this offi	ce 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 F and Certified Copy	Certified Copy, Certificate of S	, and
Mailing Add	ress:	S	treet Address:	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ed thi	S 26th	_ day of <u>April</u>	2024
ro: <u>:nature</u>	of Author	rized Representative of	Limited Liability Company:
ionaliire	of Authori	zed Renresentative Lo	tare Mosleh Linsberg
rinted Na	me:Roxane	Mosleh Ginsberg	rane Mosleh Linsberg Title: Incorporator
Signature	(s) on beha	lf of Other Business Ent	ity: [See below for required signature(s)] Title: Incorporator
Printed Na	me:Roxane	Mosleh Ginsberg	Title: Incorporator
Printed Na	ime:		Title:
Signature:			Title:
riiiteu Na	inic		true.
Signature:			
Printed Na	ıme:		Title:
Signature:			
Printed Na	ıme:		Title:
Printed Na	ıme:		Title:
		<u> </u>	
Signature (n, Vice Chairman, Directo	or, or Officer. an Incorporator must sign.
		artnership or Limited Li eral Partner.	iability Partnership:
		artnership or Limited Li eneral Partners.	ability Limited Partnership:
All others Signature		rized person.	
Fees:			
Fe Ce	ticles of Co es for Flor ertified Cop ertificate of	ida Articles of Organizati py:	\$25.00 fon: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Co	ompany is:
PARALLELE SPORT HORSES LLC	
(Must contain the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

Timelpar Office Address.	Maning Address.	
7901 4TH ST N STE 300	7901 4TH ST N STE 300	
ST. PETERSBURG, FL 33702	ST. PETERSBURG, FL 33702	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Northwest Registered Agen	it LLC
Na	me
7901 4TH ST N STE 300	
Florida street address (P	.O. Box NOT acceptable)
ST. PETERSBURG	FL 33702
City	Zin

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:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	THE DADAM ELE COOMBING
AMBR	THE PARALLELE GROUP LLC
	7901 4TH ST N STE 300
	ST. PETERSBURG, FL 33702
	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
	nith
	nith
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 th
Signature of a member or This document is executed in accordance any false information submitted in a document	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, 1 am aware the
Signature of a member or This document is executed in accordance any false information submitted in a document is provided for in s.817.155, F.S. Nat Smith	

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