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(Requestor's Name)
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PICK-UP WAIT MAIL
(Delicated State Name)
(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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CAPITAL CONNECTION, INC.

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

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YITZCHOK WOLB	E LLC	- -1
	150	
Please Debit FCA000	000003 For: 150	
Thank you Seth Neel	ey	
Stal		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
1.		Officer Search
	'/	Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC II Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: YITZCHOK WOLBE	LLC
(Name of Resulting Florida Limite	ed Company)
The enclosed Articles of Conversion, Articles of Organization Business Entity" into a "Florida Limited Liability Company"	on, and fees are submitted to convert an "Othe" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:	
DAVID SUSS	
PAVID SUSS (Contact Person) PAVID SUSS CPA (Firm/Company) 3777 INDEPENDENCE AVE 3L	
3777 INDEPENDENCE AVE 3L	
(Address) (City, State and Zip Code)	
VAVIVSUSSICIA & GMAIL, COM	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	(201)
DAVID SUSS	8635973
(Name of Contact Person) (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks produlars and drawn on a bank located in the United States)	rocessed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & S125 for Articles of Organization) S150.00 Filing Fees and Certificate of Status S180.00 Filing Fees and Certified Copy	the contract of the contract o
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: YITZCHOK WOLGE INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Colon Miles (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Fwall (Enter state, or if a non-U.S. entity, the name of the country)
on S/3/2024 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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.

Signed this 23 day of MA	_20 <u>24</u>
Signature of Authorized Representative of Lim	Ited Liability Company:
Signature of Addionized Kennesentanive. 11 /c	Tide: _ [NE SIPENT
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Tity CHOIC WOLLSE	Title: THE SIDENT, CHOIRMAN
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	<u> </u>
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 Liabilian Corporations of the Corporation of th	corporator must sign.
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability 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

YiTZ	.cllok wol	BE L	LC
(Mui	t contain the words "Limited Liabili	ly Company, "L.L	.C.," or "LI.C.")
ARTICLE II - Ad The mailing addres	dress: s and street address of the p	rincipal office	e of the Limited Liability Company is
Principal Office A	ddress:	Malling A	ddress:
22872 EL	PORAPO PRIVE	22872	ELDORADO DAIVE ATUN 1660A 33433
specia rumon a	101411 - 5373)-	<u> </u>	1/0/ 1/0/0/ 3/1/3
ARTICLE III - R (The Limited Liability Conductors entity with an incomplete control of the contr	egistered Agent, Registere ompany cannot serve as its own Regi active Florida registration.)	ed Office, & Fistered Agent. You	Registered Agent's Signature: u must designate an individual or another
ARTICLE III - R (The Limited Liability Conductors entity with an incomplete control of the contr	egistered Agent, Registere ompany cannot serve as its own Registration.) Florida street address of the	ed Office, & Fistered Agent. You	Registered Agent's Signature: umust designate an individual or another ent are:
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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)

litte:	Name and Address:
"ANTIR" = Authorized Member "MGR" = Manager	VITZCHOK WOLBE 22.872 CL PORADO PRIVE BOCA PLATEN (LOBIDA 33
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
•	
•	
LE V: Other provisions, if any.	
REOUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document provided for in a.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo