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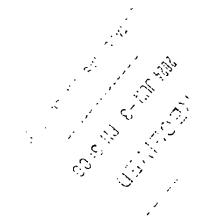
(Requestor's Name)
(Address)
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(les sus)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2024 JUN -6 AH 9: 47 SECRETARY OF STATE TALLAHASSEE, FL



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TEAM RED HQ	LLC		- -
Please Debit FCA	.000000003 For	r: 150	
Thank you Seth N	leeley		
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			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
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Signature			Vehicle Search
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Requested by:			UCC 1 or 3 File
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Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick	(បី១	Courier

COVER LETTER

Division of Corporations						
SUBJECT: Team Red HQ LLC						
	sulting Florida Lin	ited Company)		-		
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	les of Organiza	tion, and fees ar	re submitted to c se with s. 605.10	convert an 045, F.S.	"Other	
Please return all correspondence concernin	g this matter to					
Eric P Gros-Dubois, Esq.						
(Contact Person)		_				
EPGD Attorneys at Law, P.A.						
(Firm/Company)		_				
777 SW 37th Ave., Suite 510						
(Address)						
Miami, FL 33135						
(City, State and Zip Code)		_				
eric@epdlaw.com						
E-mail Address: (to be used for future annual re	port notifications)	_				
For further information concerning this ma	tter, please call					
Grant Kaplan, Esq.	786 at (837-6787		(1)	~	
(Name of Contact Person)	(Area Cod	(Daytime Telep	phone Number)	TAI TAI	D24	
(Name of Contact Person) Enclosed is a check for the following amou dollars and drawn on a bank located in the	int: (All checks United States)	processed by thi	is office must be	AS	JES -6	-
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) S155.00 Filing Fees and Certificate of Status	S180.00 Filin and Certified Co	py Certified	00 Filing Fees, d Copy, and ate of Status	OF STATE SEE, FL	AM 9: 47	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		New Filing Ser Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	ction orporations Tallahassee oc Street, Suite	810		

TO: New Filing Section

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: TEAM RED LLC
(Enter Name of Other Business Entity)
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)
01/21/2011 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Team Red HQ 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 notibe list days 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 for which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this 16 dayof May 2	2024
Signature of Authorized Representative of Limi	ited-Liability Company:
Signature of Authorized Representative of Limi Signature of Authorized Representative: Printed Name: Benjamin Polge	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Beyon Volce	
Printed Name: Benjamin Polge	Title: _Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilin Signature of one General Partner.	ty Partnership:
<u>If Florida Limited Partnership or Limited Liabilit</u> Signatures of <u>ALL</u> General Partners.	y Limited Partnershin:
All others: Signature of an authorized person.	
Fces:	
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status:

2024 JUN -6 AM 9: 47

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	lame:		
The name of the	Limited Liability Compa	any is:	
Team Red HQ LL	.c		
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing add		the principal office of the Limited Liability	y Company is:
Principal Office	e Address:	Mailing Address:	
2449 SW Falcon	Circle, Unit #256	2449 SW Falcon Circle, Unit #256	
Port St Lucie, FL	34953	Port St Lucie, FL 34953	<u> </u>
			
(The Limited Liability business entity with	Company cannot serve as its ow an active Florida registration.)	istered Office, & Registered Agent's Sign on Registered Agent. You must designate an individual or of the registered agent are:	ature: another
	EF OD Allomeys at Lav	Name	
	777 014 074 4 0 2	. 540	
	777 SW 37th Ave., Suit	s (P.O. Box <u>NOT</u> acceptable)	
			26
	Miami	FL 33135	124
	City	Zip	
liability cor registered age statutes relat	npany at the place design nt and agree to act in this ing to the proper and com obligations of my position	and to accept service of process for the about ated in this certificate, I hereby accept the appropriate. I further agree to comply with the applete performance of my duties, and I am Japan as registered agent as provided for in Chapan s Signature (REQUIRED)	ppointment as provisions of all miliar with and

(CONTINUED)

Α	RT	CI	F	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		
MGR – Manager MGR	Benjamin Polge	
	2449 SW Falcon Circle, Unit #256	
	Port St Lucie, FL 34953	
		
	51	
(Use attachment if necessary)	SECKE TALLA	e==
	Fê W	F-75
ADTICLE V. Oshan annihima is	AH AH	r
ARTICLE V: Other provisions, if any.	NS.	T
	- YO B	Ţ
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<u>REQUIRED</u> SIGNATURE:	2 /	
	\mathcal{U}_{-}	
Signature of a member or a	n authorized representative of a member	
This document is executed in accordance v	with section 605.0203 (1) (b), Florida Statutes. I am aware that	
as provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degree felony	
Grant Kaplan, Esq.		
	ed or printed name of signee	
	Filing Fees	
	Organization and Designation of Registered Agent	
\$ 30.00 Certified Copy (Optiona	l) \$ 5.00 Certificate of Status (Optional)	