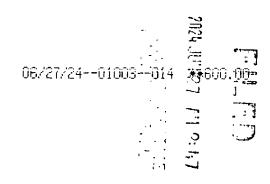
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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ECIAL INSTRUCTIONS:	

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 Artic OBC Tennessee LLC	les of Conversion is:
(Enter Name of Other Business Entity)	='
2. The "Other Business Entity" is a	on law or business trust atc.)
TENNESSEE First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the	e name of the country)
03/01/2019 on	
(date of organization, formation or incorporation)	~
3. The name of the Florida Limited Liability Company as set forth in the attached Art OBC Tennessee LLC	ticles of Organization:
(Enter Name of Florida Limited Liability Company)	2
4. If not effective on the date of filing, enter the effective date:	
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 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 document's effective date on the Department of State's records.	90-calendar days after
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 apprai	isal rights the amount to

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

Signed this 26TH day of JUNE	_ 20 <u>_ 24</u>		
Signature of Authorized Representative of Limit	ed Liability Company:		
Signature of Authorized Representative: /S/JOSE Printed Name: JOSEPH RICCIUTI	PH RICCIUTI Title: AUTHORIZED PERSON		
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]		
Signature: /S/JOSEPH RICCIUTI			
Printed Name: JOSEPH RICCIUTI	Title: AUTHORIZED PERSON		
Signature:Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:			
Signature:Printed Name:			
Printed Name:	_ Title:		
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco			
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:	2624 _{, P} a	للعساع
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	727 10	
All others: Signature of an authorized person.	· ·	27 PH 2:17	
Fees:			

\$25.00 Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	****	27. ====================================
AHASSEE	FL 32301	
City	Zip	
t the place designate gree to act in this ca se proper and compl	nd to accept service of process for the above st ed in this certificate. I hereby accept the appoin spacity. I further agree to comply with the pro- ete performance of my duties, and I am familio	ated limited atment as visions of a ar with and
	rida street address (AHASSEE City s registered agent and the place designate gree to act in this case proper and completons of my position as	<u> </u>

(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	
AMBR	Joseph Ricciuti
AWDIX	777 3rd Avenue, 26th Floor
	New York, NY, 10017
	1000
	
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(Use attachment if necessary)	÷
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	2.3
CLE V: Other provisions, if any.	7 ,
	<u> </u>
DECLIDED SIGNATURE.	
REQUIRED SIGNATURE:	
/s/Joseph Ricciuti	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felor
Joseph Ricciuti	
	ped or printed name of signee
71	Filing Fees

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