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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
	(2000)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
 	

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SPECIAL INSTRUCTIONS:

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

XX	CERTIFIED COPY PHOTOCOPY				
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Γ	TENNESSEE LLC		·	7. 2024	_
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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 Tennessee LLC	of the Articles of Conversion is:
(Enter Name of Other Business Entity)	·
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership.	
(Enter entity type. Example: corporation, limited partnership, general p	
(Enter state, or if a non-l	J.S. entity, the name of the country)
04/16/2019 on .	(= 1J
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the at	tached Articles of Organization:
T Tennessee 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 rethe 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 require document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicab	ole statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members ha	aving appraisal 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 Limi	ted Liability Company:	
Signature of Authorized Representative: /S/JOS	EPH RICCIUTI	
Printed Name: JOSEPH RICCIUTI	Title: AUTHORIZED PERSON	_
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]	
Signature: /S/JOSEPH RICCIUTI		
Printed Name: JOSEPH RICCIUTI	Title: AUTHORIZED PERSON	_
Signature		
Signature:Printed Name:	Title:	_
Signature:		
Printed Name:	Title:	- -
Signature:Printed Name:	Title:	_
Signature:Printed Name:	Tid	_
Printed Name:	1 nie:	
Signature:Printed Name:		- 1. UZ
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.	2001, 1811 27 7001, 1811 27
If Directors or Officers have not been selected, an Inc	corporator must sign.	7:1
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	0:17
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fees:</u>		
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

ARTICLE I - Name: The name of the Limited Liability Company is		
The hante of the Elimica Liability Company is	•	
T Tennessee LLC (Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limit	ted Liability Company is:
The manning address and street address of the p	rmerpar office of the Emili	ica Elability Company is.
Principal Office Address:	Mailing Address:	
777 3rd Avenue, 26th Floor	777 3rd Avenue, 26th Flo	or
New York, NY, 10017	New York, NY, 10017	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	d Office, & Registered Astered Agent. You must designate a	gent's Signature: n individual or another
The name and the Florida street address of the	ragictored agent are:	
The name and the Florida street address of the	registered agent are.	? n
RIVERSIDE FILINGS LLC		2
Nam	e	6. Just 19.06
155 OFFICE PLAZA DR. 1ST	T FL	· · · · · · · · · · · · · · · · · · ·
Florida street address (P.C	D. Box <u>NOT</u> acceptable)	
TALLAHASSEE	FL ³²³⁰¹	3 3
City	Zip	5 3
Having been named as registered agent and the liability company at the place designated is registered agent and agree to act in this capact statutes relating to the proper and complete accept the obligations of my position as re	n this certificate. I hereby a city. I further agree to com performance of my duties,	iccept the appointment as ply with the provisions of all and I am familiar with and
/s/ELLIOTT TEI	TELBAUM	
Registered Agent's Sig	nature (REQUIRED)	-

(CONTINUED)

ARTICLE IV-

Joseph Ricciuti

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Joseph Ricciuti 777 3rd Avenue, 26th Floor		
	New York, NY, 10017		
	- 4		
at a transfer			
Use attachment if necessary)			
	~		
LE V: Other provisions, if any.			
	-		
<u>REQUIRED</u> SIGNATURE:			
for the second of the second	,		
/s/Joseph Ricciuti			

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

Typed or printed name of signee Filing Fees