L24000290382

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800431392398

08/19/24--01008--007 **150.00



COVER LETTER

TO: New Filing Section Division of Corporati	ons		
SUBJECT: EMUN LLC			
SOBJECT.	(Name of Resulting Florida Limite	ed Company)	
The enclosed Articles of Cor Business Entity" into a "Flor	iversion, Articles of Organization ida Limited Liability Company	on, and fees are submitted to convert a in accordance with s. 605.1045, F.S	in "Other
Please return all corresponde	nce concerning this matter to:		
Filings Team			
(Conta	ict Person)	-	
Registered Agents Inc			
(Firm/	Company)	-	
7901 4th St N STE 300			
(A	ddress)	-	
St. Petersburg, FL 33702			
(City, State	e and Zip Code)	-	
FLfilings@registeredagentsinc.	com		
E-mail Address: (to be used fo	r future annual report notifications)		
For further information conc	erning this matter, please call:		
Filings Team	at (307) ²⁰⁰⁻²⁸⁰³	
(Name of Contact Persor	(Area Code)	(Daytime Telephone Number)	
	ollowing amount: (All checks p located in the United States)	processed by this office must be payab	
	5.00 Filing Fees S180.00 Filing and Certified Cop		
Mailing Address: New Filing Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231	ions 4	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	M 6: 10

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: EMUN 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.)
(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)
01/05/20 18
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
EMUN 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



Signed this 13th	day of <u>June</u>	20 <u>24</u>
	uthorized Representative of Lin	
Signature of Aut	thorized Representative: Erec ez Eisenman	Zisenman Title: Authorized Member
		[See below for required signature(s)]
Signature: Ort Printed Name: Er	rezEisenman	Title: Authorized Member
Signature:		Title:
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
If Florida Corp Signature of Cha If Directors or O	o <mark>oration:</mark> airman, Vice Chairman, Director, o Officers have not been selected, an l	or Officer. Incorporator must sign.
	ral Partnership or Limited Liab General Partner.	ility Partnership:
If Florida Limit Signatures of AI	<u>ted Partnership or Limited Liabi LL</u> General Partners.	lity Limited Partnership:
All others: Signature of an a	authorized person.	
Fees:		
Fees for Certified	of Conversion: Florida Articles of Organization: d Copy: ate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

RTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED LIAB	ALITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:		
The hame of the Elimited Elability Company is	•	
EMUN ŁLC		
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II Addresses		
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
7901 4th St N STE 300	7901 4th St N STE 300	
St. Petersburg, FL 33702	St. Petersburg, FL 33702	
<u> </u>		<u> </u>
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Ago stered Agent. You must designate an	ent's Signature: individual or another
The name and the Florida street address of the	registered agent are:	
Registered Agents Inc		
Nam	ne	
7901 4th St N STE 300		
Florida street address (P.C	O. Box <u>NOT</u> acceptable)	
St. Petersburg	FL 33702	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as reaccept the Registered Agent's Signature.	in this certificate, I hereby active. I further agree to compete performance of my duties, as egistered agent as provided for mature (REQUIRED)	cept the appointment as ly with the provisions of all nd I am familiar with and

	OT	172	137
Α	RT	 . H.	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	514 MONTAL G
MGR	ENI MGMT LLC
	7901 4th St N STE 300
	St. Petersburg, FL 33702
	<u> </u>
(Use attachment if necessary)	
CLDU OL CLOS Com	_
CLE V: Other provisions, if any.	(Ĝ _i
DEAUTION CLOWN TIME.	
REQUIRED SIGNATURE:	
Robin for	^ / <i>1</i> / /
1 GA 12 CO 10 0	
Ciamatura of a mambar or	an authorized representative of a member
This document is executed in accordance	with section 605 0203 (1) (b). Florida Statutes, I am aware the
any false information submitted in a docu	ment to the Department of State constitutes a third degree felo
any taise intollimition subtracted in a cotta-	
as provided for in s.817.155, F.S.	
as provided for in s.817.155, F.S. Robin Jones	

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)