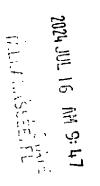
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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:____

(850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

Please use funds f Authorization Sign	rom accoun	<u>t:</u> 120210000160: \$180.00 — Lah
Business Name: Document # _XCertified CopyCertificate of State		itellectual property LLC
NEW FILINGS	&	<u>AMENDMENTS</u>
Profit CorpNot for ProfitLimited LiabilityDomesticationLLLPCorpIncOther APOSTILLE(s)Apostille(s)Country(s)	&	AmendmentResignation / DissociationChange of Registered AgentRevocation of DissolutionMergerX_Articles of ConversionAmended & Restated Articles of IncorporationStatement of Authority OTHER FILINGSForeign FilingReinstatement
		Qualification Fictitious Name Annual Report

. FLORIDA CAPITAL COURIER SERVICES, INC

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APOSTILLE(s)Apostille(s)Country(s)	& i	OTHER FILINGS Foreign FilingReinstatementQualificationFictitious NameAnnual Report

COVER LETTER

TO: New Filing Section Division of Corporations						
hattis istallastual proportui	LC					
	Resulting Florida Lir	nited Company	·)	_		
The enclosed Articles of Conversion, Ar Business Entity" into a "Florida Limited						r
Please return all correspondence concern	ning this matter to	ı:				
Yaakov Klein						
(Contact Person)						
Frankel, Rubin, Klein, Payne & Pudlowski,	P.C.					
(Firm/Company)						
231 S Bemiston Ave, Ste 1111						
(Address)						
Clayton, MO 63105					2024 JUL 16	
(City, State and Zip Cod	e)	_			<u>=</u> '	
yklein@frankelrubin.com				Ži	<u>-</u>	ria Jes
E-mail Address: (to be used for future annua	l report notifications)		(i) ·		
For further information concerning this	matter, please cal	l:		(1) (2) (1)	解 9:	1
Yaakov Klein	at (<u>314</u>	725-8000		<u> </u>	4 7	
(Name of Contact Person)	(Area Coo	de) (Daytime	Telephone Number)	_		
Enclosed is a check for the following an dollars and drawn on a bank located in t		s processed b	y this office must	be payabl	le in US	
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fee and Certificate of Status	es #\$180.00 Fili and Certified C	Copy Cer	\$185.00 Filing Fees, rtified Copy, and rtificate of Status			
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centr		te 810		

Tallahassee, FL 32303

Articles of Conversion

"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 Art whatt.io intellectual property LLC	cles of Conversion is:
(Enter Name of Other Business Entity)	 `
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, com	mon law or business trust, etc.)
First organized, formed or incorporated under the laws of California (Enter state, or if a non-U.S. entity.	
on 10/07/2022 tdate of organization, formation or incorporation)	2024 JUL
3. The name of the Florida Limited Liability Company as set forth in the attached A whatt.io intellectual property LLC	ত বেদ্
(Emer 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 that 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 document's effective date on the Department of State's records.	1 90 calendar days after
5. The plan of conversion has been approved in accordance with all applicable statute	S.

- 5. The plan of conversion has been approved
- 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 12 day of July 20 24 . Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative:

Uaakov kluin

OEFAE999A901 Totale: Authorized Attorney Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Stefan Larsson Signature: Printed Name: Stefan Larsson Title: Manager Signature: Printed Name:_______ Title: Printed Name: ______Title: _____ Signature: Printed Name:_______Title:______ Signature: Printed Name: ______ Title: _____ Signature: Printed Name:______ Title:_____ If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. Signature of an authorized person. Fees:

\$25,00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

2024 班 16 6年9年

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	me: imited Liability Company i	s:		
whatt.io intellectual	property LLC			
		lity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Ac The mailing addre		principal office of the Limited	Liability Compan	ıy is:
Principal Office A	Address:	Mailing Address:		
3101 NE 1st Ave		3101 NE 1st Ave		
Apt 2615		Apt 2615		
Miami, FL 33137		Miami, FL 33137		
business entity with an	ompany cannot serve as its own Regactive Florida registration.) Florida street address of the InCorp Services, Inc. Nat		dividual of another 10 to 10 t	T
		O. Box NOT acceptable)	1 部 一	
	Tallahassee	FL ³²³¹²		
	City	Zip		
liability comp registered agent statutes relatin	pany at the place designated and agree to act in this cape g to the proper and complete	to accept service of process for in this certificate, I hereby acco acity. I further agree to comply e performance of my duties, and registered agent as provided for	ept the appointmen with the provision I I am familiar with	nt as ns of all h and

(CONTINUED)

Jackie DeFilippis on behalf of InCorp Services, Inc.

Registered Agent's Bignature (REQUIRED)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Stefan Larsson
	3101 NE 1st Ave, Apt 2615
	Miami, FL 33137
_ .	
	
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(Lies are also one if a second	
(Use attachment if necessary)	
(Use attachment if necessary)	
2.	
(Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	ocu5igned by:
LE V: Other provisions, if any.	•
LE V: Other provisions, if any.	ocu5lgned by:
REQUIRED SIGNATURE: Signature of a member or	ocu5lgned by: Ifan Larsson Agres178018430 an authorized representative of a member
Signature of a member or This document is executed in accordance	ocusigned by: If an Larsson Agrestion and authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am a
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	ocu5lgned by: Ifan Larsson Agres178018430 an authorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	ocusigned by: Fan Larsson an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am a ment to the Department of State constitutes a third degree of the section of State constitutes as third degree of the section of State constitutes as the sec
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	ocusigned by: If an Larsson Agrestion and authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am a

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)