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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

For any issues please contact Chevanne Davis 07/17/2024 Date: ___ (850) 202-1882 **Cheyanne Davis** Name. 2440102 Reference #: A VIEW OF THE WORLD, LP Entity Name: ____ Articles of Incorporation/Authorization to Transact Business ☐ Amendment Change of Agent Reinstatement ∇ Conversion ☐ Dissolution/Withdrawal Fictitious Name Other____

Authorized Amount:

Signature: _____

F: +852.2682.9790



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Account#: 120000000088

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Authorized Amount:

Signature: _____

F: +852.2682.9790

COVER LETTER

TO:	New Filing S Division of C								
SHR	JECT:	A Vie	w of t	the Worl	d, LLC				
SOD.	ECT	(Name of Res	sulting l	Florida Lir	nited Cor	npany)	_		
						nd fees are submitted to coordance with s. 605.		n "Other	•
Pleas	e return all corr	espondence concernin	g this	matter to	:				
		Douglas Robson							
		(Contact Person)							
	Barr	nes & Thornburg LLF	>						
		(Firm/Company)						~	
	1 N. W	acker Drive, Suite 4	400) 12;	
		(Address)						<u> </u>	
	(Chicago, IL 60606					MUKINGGEN	2024 JUL 17 AH 9: 6	
	(1	City, State and Zip Code)			_		(3) (3)	<u> </u>	
	dr	robson@btlaw.com					m	 	í
E-	mail Address: (to l	oe used for future annual re	port no	tifications)	<u> </u>		1,122	ক ক	
For fu	arther informati	on concerning this ma	tter, p	lease call	:		<i>;</i> ,	7	
	Erin	LeBlanc	at (312	1	214-8835			
	(Name of Conta	act Person)	'' '_		le) (Daj	ytime Telephone Number)	_		
		for the following amou a a bank located in the			proces	sed by this office must	be payable	e in US	
(\$25 fo	50.00 Filing Fees or Conversion 5 for Articles (anization)	⊠\$155.00 Filing Fees and Certificate of Status		80.00 Filir Certified C	_	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status			
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection Corporations 27			New Divis The C	et Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit hassee, FL 32303	e 810		

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.

A View of the World, LP	or to the filing of the Articles of Conversion is:
(Enter Name of Other Business Ent	tity)
2. The "Other Business Entity" is a	limited partnership
(Enter entity type. Example: corporation, limited partners	ship, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of(Enter.	Florida 28
(Enter	state, or if a non-U.S. entity, the name of the country)
on March 29, 2024	
(date of organization, formation or incorporation)	7.58E
3. The name of the Florida Limited Liability Company as set	t forth in the attached Articles of Organization;
A View of the World, LLC	
(Enter Name of Florida Limited Liability Co	ompany)
4. If not effective on the date of filing, enter the effective date	Date of Filing
(The effective date: Cannot be prior to date of receipt or fi	
the date this document is filed by the Florida Department Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance w	vith all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay a which such members are entitled under ss. 605.1006 and 605	

Signed this17	day of	July	_ 2024	·					
Signature of Auth	norized Representa	tive o <u>f Limi</u> t	ed Liabili	ty Comp	any:				
Signature of Authorited Name:	orized Representativ Sophia Robert Kapad	e: pinskas	_ Title:		Manager				
	half of Other Busin	• \	See below t	for requi	red signat	ure(s)			
Printed Name:///	ASOPHIA ROBERT Kapa	cinskas	_ Title:	Gen	eral Partner				
Signature:	Fiona Robert Kapad	inskas	_ Title:	Gen	eral Partner				
Signature: Printed Name:			_ Title:		-				
Signature: Printed Name:			_ Title:						
Signature: Printed Name:			Title:					~	
Signature: Printed Name:			_ Title:					1024 JUL 17	-
	ation: nan, Vice Chairman, cers have not been se			nust sign.			\SSIE,	A.	
If Florida General Signature of one G	<u>l Partnership or Lin</u> eneral Partner.	nited Liabilit	<u>y Partners</u>	<u>hip:</u>			727	9: 47	
If Florida Limited Signatures of ALL	l Partnership or Lin General Partners.	nited Liabilit	y Limited	Partners!	hip:				
All others: Signature of an aut	horized person.								
Fees:									
		ganization:	\$25.00 \$125.00 \$30.00 (C \$5.00 (Op	-					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	A View of the V	Norld, LLC			
	Must contain the words "Limited Liabi	ility Company, "I	L.L.C.," or "LLC.")		
ARTICLE II - A The mailing addr	Address: ress and street address of the	principal off	ice of the Limite	d Liability Compan	y is:
Principal Office	Address:	Mailing	Address:		
	th Avenue, #401 ch, Florida 33480) Worth Avenue n Beach, Florid		
oustices chury with a	Registered Agent, Registere Company cannot serve as its own Reg in active Florida registration.) e Florida street address of the COGENCY C	e registered a	gent are:	II AH	
	Nar			9:47	
	115 North Calhot	un Street, S	uite 4		
	Florida street address (P.	.O. Box <u>NOT</u>	<u>[</u> acceptable)		
	Tallahassee	<u>FL</u>	32301		
	City		Zip		
Hawina haan n	amed as registered agent and	l to accept sei	rvice of process f	or the above stated l	imitea Las

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
MGR	Sophia Robert Kapacinskas			
	100 Worth Avenue, #401			
	Palm Beach, Florida 33480			
MGR	Fiona Robert Kapacinskas			
	100 Worth Avenue, #401			
	Palm Beach, Florida 33480			
				
(Use attachment if necessary)	<u>်</u> က			
	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
ICLE V: Other provisions, if any.				

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sophia Robert Kapacinskas

Typed or printed name of signee

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)