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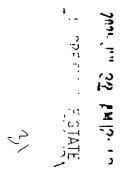
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliess Ellity Hallie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing S Division of C		, i		
	•			
SUBJECT: Aspen Le	(Name of Res	ulting Florida Limited Con	npany)	-
Business Entity" into	s of Conversion, Artic o a "Florida Limited Li espondence concerning	ability Company" in a	d fees are submitted to ecordance with s. 605.1	convert an "Other 045, F.S.
Filings Team				
	(Contact Person)	<u>. </u>		
Registered Agents Inc				1 7
	(Firm/Company)			
7901 4th St N STE 300				
	(Address)			
St. Petersburg, FL 33702	2			TILED
	City, State and Zip Code)			- i -i
flfilings@registeredagent	sinc.com			J∰ -
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Filings Team (Name of Conta	net Person)		00 - 2803 /time Telephone Number)	_
Enclosed is a check t			sed by this office must	be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Muiling Add	~ (000)	Stron	t Addrase:	

Mailing Address:
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: New Filing Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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: Aspen Leaf Ventures, 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
07/11/2019 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Aspen Leaf Ventures, 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

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

Signed this 18 th day of July		
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative:	gory Klein	
Signature of Authorized Representative: <u>Hre</u> Printed Name: Gregory Klein	Title AMBR	
Signature(s) on behalf of Other Business Entity:		
Signature: Hregory Klein Hregory Klein	in .	
Printed Name: Gregory Klein	Title: AMBR	
Signature:Printed Name:		
Printed Name:	latte:	
Sionaturo		
Signature:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Simpotura		
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
If Florida Companytion		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an In-		
<u>lf Florida General Partnership or Limited Liabili</u>	ty Partnership:	
Signature of one General Partner.		
lf Florida Limited Partnership or Limited Liabili	ty Limited Partnershin	
Signatures of ALL General Partners.	Cy planted Farthership.	
All others:		
Signature of an authorized person.		
Congr		-;
Fees:		• •
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	750 T T L
Certified Copy:	\$30.00 (Optional)	:
Certificate of Status:	\$5.00 (Optional)	

		R FLORIDA LIMITE	D LIABILITY COMPANY		
ARTICLE 1 - N The name of the	Name: : Limited Liability Compa	my is:			
Aspen Leaf Venture		Linklin Commun. W. L. C. Wars	M 1 (2 ")		
((Must contain the words "Limited	Liability Company, L.L.C., Or	Li.C. j		
ARTICLE II - The mailing add		the principal office of the	E Limited Liability Company is:		
Principal Office Address:		Mailing Address	Mailing Address:		
7901 4th St N STE	300	7901 4th St N STE 3	00		
St. Petersburg FL 3	33702	St. Petersburg FL 33	702		
					
(The Limited Liabilit	- Registered Agent, Registy Company cannot serve as its own an active Florida registration.)	stered Office, & Registe n Registered Agent. You must des	red Agent's Signature: signate an individual or another		
The name and th	ne Florida street address o	f the registered agent are:			
	Registered Agents Inc				
		Name			
	7901 4th St N STE 300				
	Florida street address	s (P.O. Box <u>NOT</u> accepta	ble)		
	St. Petersburg	FL ^{FL}			
	City	Zip			
liability co registered age statutes rela	mpany at the place designe ent and agree to act in this ting to the proper and com	ated in this certificate. I he capacity. I further agree t uplete performance of my a	rocess for the above stated limited creby accept the appointment as to comply with the provisions of all hities, and I am familiar with and owided for in Chapter 605, F.S		
	David Boerts				
	Registered Agent'	s Signature (REQUIRED))		
	(CO	NTINUED)	7000, 700 30		
			NID. IS		

ARTICLE IV-

The name and address of ea	ch person authoriz	zed to manage an	nd control the	Limited Liability
Company:	•			

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	Klein, Gregory	
AMBIT	7901 4th St N STE 300	
	St. Petersburg FL 33702	
		•
		
		 -
(Use attachment if necessary)		
(Obe underwhene it necessitally)		
 PEOULDED SIGNATURE.		
<u>REQUIRED</u> SIGNATURE:		
REQUIRED SIGNATURE:		
Patien fancy		utes. I am aware that
Signature of a member or a This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Stat	utes. I am aware that
Signature of a member or a This document is executed in accordance any false information submitted in a document in s.817.155, F.S. Robin Jones	with section 605.0203 (1) (b), Florida Stat nent to the Department of State constitutes	utes. I am aware that
Signature of a member or a This document is executed in accordance any false information submitted in a document in s.817.155, F.S. Robin Jones Typ	with section 605.0203 (1) (b). Florida Statement to the Department of State constitutes odd or printed name of signee Filing Fees	autes. I am aware that a third degree felony
Signature of a member or a This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Robin Jones Typ \$125.00 Filing Fee for Articles o	with section 605.0203 (1) (b). Florida Statement to the Department of State constitutes odd or printed name of signee Filing Fees f Organization and Designation of	athird degree felony
Signature of a member or a This document is executed in accordance any false information submitted in a document in s.817.155, F.S. Robin Jones Typ	with section 605.0203 (1) (b). Florida Statement to the Department of State constitutes odd or printed name of signee Filing Fees f Organization and Designation of	athird degree felony