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(Requestor's Name)
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(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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08/26/24--01013--009 **150.00





COVER LETTER

SUBJECT: Ranked Local LLC (Name of Resulting Florida Limited Compa The enclosed Articles of Conversion, Articles of Organization, and f Business Entity" into a "Florida Limited Liability Company" in acco Please return all correspondence concerning this matter to: Avri Ben-Hamo, Esq.	iny)
(Name of Resulting Florida Limited Compa The enclosed Articles of Conversion, Articles of Organization, and f Business Entity" into a "Florida Limited Liability Company" in acco Please return all correspondence concerning this matter to:	any)
Business Entity" into a "Florida Limited Liability Company" in accordance return all correspondence concerning this matter to:	
·	
Avri Ben-Hamo, Esq.	
7 20	
(Contact Person)	
Ben-Hamo Law, PLLC	
(Firm/Company)	© 6 2
6001 Broken Sound Parkway NW Suite 416	2024 AUG 26 SECRETAR TALLAHA
(Address)	AUG =
Boca Raton, FL 33487	- Earth
(City, State and Zip Code)	MO A L
brandon@bjyenterprise.com	AMIO: 13 OF STATE SSEE, FL
E-mail Address: (to be used for future annual report notifications)	L TATE
For further information concerning this matter, please call:	
Avri Ben-Hamo at (561)372-909	91
(Name of Contact Person) (Area Code) (Daytin	me Telephone Number)
Enclosed is a check for the following amount: (All checks processed dollars and drawn on a bank located in the United States)	d by this office must be payable in US
(\$25 for Conversion and Certificate of and Certified Copy	□S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Address:
<u> </u>	ling Section
•	n of Corporations ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: Ranked Local LLC
(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, 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
First organized, formed or incorporated under the laws of
November 1, 2023
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Ranked Local 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 16 day of August	20 <u>24</u>
Signature of Authorized Representative	
Signature of Authorized Representative: Printed Name: Brandon Yu	Title: Manager
Signature(s) on behalf of Other Business E	Entity: [See below for required signature(s)]
Signature: 2m/	The Manager
Printed Name: Brandon Yu	Title: Manager
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
Printed Name:	11tte:
If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selected	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:
All athores	

All others:
Signature of an authorized person.

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

\$30.00 (Optional) \$5.00 (Optional)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:		
	nited Liability Company i	is:	
Ranked Local LLC	_		
(Mus	t contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add	iress:		
The mailing address	and street address of the	principal office of the Limi	ted Liability Company is:
Principal Office Ac	ddress:	Mailing Address:	
16770 Burlington Bris	stol Lane	16770 Burlington Bristol I	_ane
Delray Beach, FL 33	446	Delray Beach, FL 33446	
(The Limited Liability Conbusiness entity with an action The name and the F			
	6001 Broken Sound Parkwa	·	
	Florida street address (P	.O. Box NOT acceptable)	
	Boca Raton, FL 33446	FL ³³⁴⁸⁷	
	City	Zip	
liability compo registered agent a statutes relating	iny at the place designated ind agree to act in this cap to the proper and complet igations of my position as	l in this certificate, I hereby a	ply with the provisions of all and I am familiar with and

(CONTINUED)

ARTICLE IV-

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 MGR	Brandon Yu 16770 Burlington Bristol Lane Delray Beach, FL 33446	 - -
		— — —
		
		_
(Use attachment if necessary)	TOLLAHAR	1024 VDC 54
RTICLE V: Other provisions, if any.	SOF FEBRUARY STATES	
(Use attachment if necessary) ARTICLE V: Other provisions, if any. REQUIRED SIGNATURE:	SOF FEBRUARY STATES	AUG 26 AN IO. 11

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.

Branon Yu

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)