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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only



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SLURCIARY OF STATE ALLAHASSEE, FLOPIDA

AUG 28 PM 9:

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.

| | (Enter Name of Other Business Entity) | |
|--|---|-----|
| 2. The "Other Bu | iness Entity" is a | |
| (Enter | ntity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. | . ; |
| First organized, fo | med or incorporated under the laws of | |
| OCTOBER 6 20 | | |
| On date of organization | on. formation or incorporation) | |
| 3. The name of th | e Florida Limited Liability Company as set forth in the attached Articles of Organization: | |
| 78 | (Enter Name of Florida Limited Liability Company) | |
| | | |
| (The effective dat the date this doct Note: If the date inse | on the date of filing, enter the effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ment is filed by the Florida Department of State.) ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ate on the Department of State's records. | |
| (The effective dat the date this doct Note: If the date inse document's effective | E: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ment is filed by the Florida Department of State.) ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the | |

| Signed this 21 day of AUGUST | _ 20 <u>24</u> | | |
|---|-----------------------------|-------|---------|
| Signature of Authorized Representative of Limit | ited Liability Company: | | |
| 1. ~ | _ | | |
| Signature of Authorized Representative: | | | |
| Printed Name: LIOR ELIYAYEV | Title: MANAGER | | |
| Signature(s) on behalf of Other Business Entity: | · |)] | |
| Signature: Printed Name: LIOR ELIYAYEV | | | |
| Printed Name: LIOR ELIYAYEV | Title: PRESIDENT / DIRECTOR | | |
| Timed (Mine. | | | |
| Signature: | | | |
| Printed Name: | Title: | | |
| | | | |
| Signature: | | | |
| Signature:Printed Name: | Title: | | |
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| Signature: Printed Name: | | | |
| Printed Name: | Ittle: | | |
| Signature | | | |
| Signature: Printed Name: | Title: | | |
| Timed Hame. | | | |
| Signature: | | | |
| Printed Name: | Title: | | |
| | | | |
| If Florida Corporation: | | | |
| Signature of Chairman, Vice Chairman, Director, or | | | |
| If Directors or Officers have not been selected, an In | corporator must sign. | | |
| If Florida Communication and I instead I include | Ass Danaka analaka s | | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: | | |
| Signature of one General Farther. | | | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnershin: | | |
| Signatures of ALL General Partners. | t y manager | | |
| | | | |
| All others: | | | |
| Signature of an authorized person. | | | |
| | | | |
| Fees: | | 75.0 | Ļ |
| 4 | 62-00 | 든 | OCH YOU |
| Articles of Conversion: | \$25.00 | 추동 | 7 |
| Fees for Florida Articles of Organization: | \$125.00 | £(;;; | Ö |
| Certified Copy: | \$30.00 (Optional) | 38.5 | C L |
| Certificate of Status: | \$5.00 (Optional) | ma | _ |

2024 AUG 28 PM 9: 11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| : | |
|---|--|
| | |
| ty Company, "L.L.C.," or "LLC.") | |
| rincipal office of the Limit | ed Liability Company is: |
| Mailing Address: | |
| 2999 NE 191ST STREET | |
| UNIT 901 | |
| MIAMI, FL 33180 | |
| registered agent are: | |
| IIT 901 | |
|). Box <u>NOT</u> acceptable) | |
| FL 33180 | |
| Zip | |
| o accept service of process yn this certificate, I hereby activ. I further agree to comp performance of my duties, a gistered agent as provided f | cept the appointment as ly with the provisions of all nd I <u>am</u> familiar with and |
| | Mailing Address: 2999 NE 191ST STREET UNIT 901 MIAMI, FL 33180 d Office, & Registered Agtered Agent. You must designate an registered agent are: e IT 901 D. Box NOT acceptable) FL 33180 Zip Description accept service of process for this certificate, I hereby accept this certificate, I hereby accept the series of my duties, a gistered agent as provided for the series of agent as provided for the series of agent as provided for the series of th |

| <u>ldress:</u> | |
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Typed or printed name of signee Filing Fees