L2400041415

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

Office Use Only



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2024 OCT -1 AM 9: 47

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SECRETARY OF STATE

RECEIVED

. Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 10/1/2024

PRIORITY Expedite

OUR REF # (Order II

129850

ORDER ENTITY

LUPO FUTURES, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

LUPO FUTURES, LLC (FL)

File the attached conversion and articles of organization and provide a certified copy as evidence.

NOTES:

\$180.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, October 1, 2024 Page 1 of 1

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 5.605.1045, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Lupo Futures, LLC (Enter Name of Other Business Entity) | | | |
|---|-------------------------------|--|--|
| | | | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, comm | | | |
| First organized, formed or incorporated under the laws of | 024 C | | |
| (Enter state, or if a non-U.S. entity, ti | | | |
| on | | | |
| (date of organization, formation or incorporation) | S | | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Ar | ticles of Organization: | | |
| Lupo Futures, ŁLC | 1. 1. 1. 1. 1. 1. 1. | | |
| (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 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. | ate will not be listed as the | | |
| 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.

Docusign Envelope ID: 14DD38FB-E4D1-4D38-930B-7A800066DA76

Docusign Envelope ID: AFC6B381-2075-4FAB-96D6-7AD29A9677AE

| Signed this 24th day of September | 20 <u>24</u> |
|---|--|
| Signature of Authorized Representative of Limit | ted Liability Company: |
| Signature of Authorized Representative: /s/ 3/ Printed Name: Jeffrey Wolfson | ffry Wdfon Title: <u>Manager</u> |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s) |
| Signature: /s/ Jeffry Wolfson. | |
| Signature: /s/ Liffry Wolfson. Printed Name: Jeffrey Wolfson | Title: Manager |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| Signature:Printed Name: | |
| Frinted Name: | Title: |
| Signature: Printed Name: | Tels |
| | |
| Signature: Printed Name: | Title |
| | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or | Officer. |
| If Directors or Officers have not been selected, an In- | corporator must sign. |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Lupo Futures, LLC | ited Liability Company, "L.L.C.," or "E.L.C.,") |
|--|--|
| (Must contain the words Tan | ted Liability Company, "L.L.C.," or "EEC.,) |
| ARTICLE II - Address: | |
| The mailing address and street address | of the principal office of the Limited Liability Company is: |
| . | |
| Principal Office Address: | Mailing Address: |
| 9803 Compass Point Way | 9803 Compass Point Way |
| Tampa, FL 33615 | Tampa, FL 33615 |
| | |
| | |
| (The Limited Liability Company cannot serve as in husiness entity with an active Florida registration. The name and the Florida street address | |
| (The Limited Liability Company cannot serve as its business entity with an active Florida registration. | own Registered Agent. You must designate an individual or another consistence of the registered agent are: |
| (The Limited Liability Company cannot serve as in husiness entity with an active Florida registration. The name and the Florida street address | own Registered Agent. You must designate an individual or another soft the registered agent are: |
| (The Limited Liability Company cannot serve as in husiness entity with an active Florida registration. The name and the Florida street address | own Registered Agent. You must designate an individual or another soft the registered agent are: |
| (The Limited Liability Company cannot serve as its husiness entity with an active Florida registration. The name and the Florida street address SPI Agent Solutions 1540 GLENWAY DE | s of the registered agent are: Inc. Name |
| (The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address SPI Agent Solutions 1540 GLENWAY DE | own Registered Agent. You must designate an individual or another S of the registered agent are: Inc. Name 947 |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(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 | Jeffrey Wolfson | |
| | C/O 9803 Compass Point Way | |
| | Tampa, FL 33615 | |
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| (Use attachment if necessary) | in the | MH 9: 47 |
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| ARTICLE V: Other provisions, if any. | , , | |
| Authorn Could provisions, it any. | | |
| | | |
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| | | |
| DEALINE DEED ATTICE | | |
| REQUIRED SIGNATURE: | | |
| | Jeffry Walson | |
| · | 39/1.9/ 1.04.20 | |
| | | |
| | an authorized representative of a member | |
| This document is executed in accordance | with section 605,0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felon | |
| as provided for in 5.817.155, F.S. | ment to the Department of State constitutes a finite negree felon | |
| ## provided in model in page 1 | | |
| Jeffrey Wolfson | | |
| Ty | ped or printed name of signee | |
| · | Filing Fees | |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)