# 125000144756

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Basiless Lilli, Halle)                 |
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| (Document Number)                       |
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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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## COVER LETTER

| Division of C  | orporations                                     |  | •  |                            |
|--|---|--|--|----------------------------|
| SUBJECT: Jupiter   | Cap., LLC                                       |  |  |                            |
| 50501201. <u></u>  | (Name of Res                                    | ulting Florida Limited                   | d Company)   | •                          |
|  |   |  | n, and fees are submitted to c<br>in accordance with s. 605.10 |                            |
| Please return all corre  | espondence concerning                           | g this matter to:                        |  |                            |
| Filings Team   |   |  |  |                            |
|  | (Contact Person)                                |  |  |                            |
| Northwest Register   |   |  |  | e= 7                       |
|  | (Firm/Company)                                  |  |  | 60<br>60<br>60<br>60<br>60 |
| 7901 4th St N STE  | 300   |  |  | F.                         |
|  | (Address)                                       |  |  | . /<br>12<br>5             |
| St. Petersburg, FL   | 33702   |  |  |                            |
|  | City, State and Zip Code)                       |  |  |                            |
| flfilings@northwes   | tregisteredagent.con                            | n  |  | 5<br>3                     |
|  | e used for future annual re                     |  |  | ω                          |
| For further informati  | on concerning this ma                           | tter, please call:                       |  |                            |
|  |   | at (                                     |  |                            |
| (Name of Conta   | act Person)                                     |  | (Daytime Telephone Number)                                     | •                          |
|  | or the following amou<br>a bank located in the  |  | ocessed by this office must b                                  | e payable in US            |
| S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | □\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing F<br>and Certified Copy |  |                            |
| Mailing Add  | ress:   | S  | Street Address:  |                            |
| New Filing S   | ection  |  | New Filing Section   |                            |
| Division of C  | •   |  | Division of Corporations The Centre of Tallahassee             |                            |
| P.O. Box 632<br>Tallahassee, l   |   |  | the Centre of Tallanassee<br>2415 N. Monroe Street, Suite      | 810                        |
| i allanassec, i  | ۱ ۽ پيدر بيا                                    |  | Fallahassee, FL 32303  |                            |

**TO:** New Filing Section

### **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.

| Statutes.   |                                 |
|---|---------------------------------|
| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articl Jupiter Capital, LLC   | es of Conversion is:            |
| (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, commo   | on law or business trust, etc.) |
| First organized, formed or incorporated under the laws of Virginia (Enter state, or if a non-U.S. entity, the   | name of the country)            |
| on 12/27/2017  (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Arti   | icles of Organization:          |
| Jupiter Cap., 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 9 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 dat document's effective date on the Department of State's records. | 0 calendar days after           |
| 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 appraisable which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.   | sal rights the amount to        |

| Signed this 12th day of March  |  |     |
|--|--|-----|
| Signature of Authorized Representative of Limi   | ted Liability Company:   |     |
| Signature of Authorized Representative: fffusfus<br>Printed Name: Martin Jacoby  | <u> Ticolor</u><br>Title: <u>Manager</u>                       |     |
| Signature(s) on behalf of Other Business Entity:   | See below for required signature(s)]                           |     |
| Signature: Martin Jacoby Printed Name: Martin Jacoby   | Title: Manager   |     |
| Signature:Printed Name:  | Title:   |     |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liability Signature of one General Partner. | Officer.<br>corporator must sign.                              |     |
| If Florida Limited Partnership or Limited Liabilit<br>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<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) | . r |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |  |
|--|--|
| Jupiter Cap., LLC (Must contain the words "Limited Liability   | Company, "L.L.C" or "LLC.")  |
| ARTICLE II - Address: The mailing address and street address of the pri  | ncipal office of the Limited Liability Company is:   |
| Principal Office Address:  | Mailing Address:   |
| 7901 4th St N STE 300<br>St. Petersburg, FL 33702  | 7901 4th St N STE 300<br>St. Petersburg, FL 33702  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registered Agent Name | red Agent. You must designate an individual or another egistered agent are:  |
| 7901 4th St N STE 300<br>Florida street address (P.O.  | Box NOT acceptable)  |
| St. Petersburg City  | FL 33702<br>Zip  |
| liability company at the place designated in<br>registered agent and agree to act in this capaci<br>statutes relating to the proper and complete p   | accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S |

(CONTINUED)

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

| "AMBR" = Authorized Member<br>"MGR" = Manager  |  |
|--|--|
| "MGR" = Manager  |  |
| _  | Martin Jacoby  |
| MGR  | Martin Jacoby  |
|  | 7901 4th St N STE 300<br>St. Petersburg, FL 33702  |
|  | St. Feleisburg, FL 33702   |
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| (Use attachment if necessary)  |  |
| LE V: Other provisions, if any.  |  |
| LE V: Other provisions, if any.  |  |
|  |  |
| LE V: Other provisions, if any.  REQUIRED SIGNATURE:   | TA CMIAN   |
|  | W Smith  |
| REQUIRED SIGNATURE:  |  |
| REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.   | or an authorized representative of a member<br>see with section 605.0203 (1) (b), Florida Statutes. I am aware   |
| Signature of a member o This document is executed in accordance any false information submitted in a document is a document and the submitted in a document is executed in a d | or an authorized representative of a member one with section 605.0203 (1) (b), Florida Statutes. I am aware cument to the Department of State constitutes a third degree for   |
| Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  | or an authorized representative of a member (i.e. with section 605.0203 (1) (b). Florida Statutes, I am aware cument to the Department of State constitutes a third degree for the Nat Smith   |
| Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  | or an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes, I am aware cument to the Department of State constitutes a third degree for the Nat Smith  Typed or printed name of signee   |
| Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  | or an authorized representative of a member on the section 605.0203 (1) (b), Florida Statutes, I am aware cument to the Department of State constitutes a third degree for the Nat Smith  Typed or printed name of signee  Filing Fees   |
| Signature of a member o This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.   | Pr an authorized representative of a member on the section 605.0203 (1) (b). Florida Statutes. I am aware cument to the Department of State constitutes a third degree for the Smith  Typed or printed name of signee  Filing Fees  For Organization and Designation of Registered |
| Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  | Pr an authorized representative of a member on the section 605.0203 (1) (b). Florida Statutes. I am aware cument to the Department of State constitutes a third degree for the Smith  Typed or printed name of signee  Filing Fees  For Organization and Designation of Registered |