# LIS000149468

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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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### COVER LETTER<sup>4</sup>

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SUBJECT: University Brewing Company LLC
(Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Parick Coggins
(Contact Person) University Brewing Company LLC (Firm/Company) 429 Norwhiake Blud, Suide #2 North Palm Beach, Flerida 33408
(City, State and Zip Code) Patrick. Coggins & guail. com
E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Padrick Cognins at (561) 628-0973

(Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: \$150.00 Filing Fees ☐ \$155.00 Filing Fees □ \$180.00 Filing Fees □\$185.00 Filing Fees, (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and Certificate of Status & \$125 for Articles Status of Organization) **MAILING ADDRESS:** 

Registration Section

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32314

INHS11 (06/15)

STREET ADDRESS:

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

Clifton Building

TO:

Registration Section Division of Corporations

## 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 s.605.1045, Florida Statutes.

(Enter Name of Other Business Entity)  2. The "Other Business Entity" is a Corporation  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  First organized, formed or incorporated under the laws of Flands  (Enter state, or if a non-U.S. entity, the name of the country)  on 19/3/2008  (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Outputs 14 Brawing Company U.C.  (Enter Name of Florida Limited Liability Company)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)  on /o/3/2008 (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter state, or if a non-U.S. entity, the name of the country)  on /o/3/2008 (date of organization, formation or incorporation)  3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
University Browing Company LLC
UNIVERSITY OF SECTION
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)  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.

Page 1 of 2

Signed	l this <u>74</u>	_ day of Dugust	20/1	
Signat	ture of Author	rized Representative of Li	mited Liability Company:	
Signat	ure of Authori	zed Representative:	77- Title: Prasidavy	
Printec	i Name: <u>Fádr</u>	ik Cappins	Title: Pasidant	—
Signat	ure(s) on beha	lf of Other Business Entity	: [See below for required signature(s)]	
Signati	ure:			
Printed	l Name:		Title:	
Signati				
Printed	ure: I Name:		Title:	
			Title,	_
Signati	ure:		Title:	
Printed	l Name:		Title:	
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Signati	ure:		Title:	
THILL	r rvaine	<del></del>	I ttle,	
Signati	ure:			
Printec	l Name:		Title:	
If Flor	ida Corporati	oni		
		on. n, Vice Chairman, Director, (	or Officer.	
If Dire	ctors or Office	rs have not been selected, an	Incorporator must sign.	
	rida General P ure of one Gene	artnership or Limited Liab	ility Partnership:	
Jighan	ure or one den	ciai Faithei,		
		<u>artnership or Limited Liab</u> eneral Partners,	ility Limited Partnership:	
All oth Signate	ners: ure of an autho	rized person.		
Fees:				
	Articles of Co Fees for Flori Certified Cop Certificate of	da Articles of Organization by:	\$25.00 : \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
University Brawing Campa. (Must end with the words "Limited Liability	my LLC		
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the prin	ncipal office of the Limited Liability Compa	any is:	
Principal Office Address:	Mailing Address:		
429 Northlake Brd, Suite #J North Palm Beach, Florida 33408	429 Naphlake Blud, Suda #2 North Palm Boath, Florida 33409		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another	5	SEL
The name and the Florida street address of the re	gistered agent are:	BUR	THAT I
Patrick Coppins Name		28	55.4
Name		72	<u></u>
429 Nardklake Blvd, Florida street address (P.O.		3: 13	T. FLORIES
Now BIR N	PI 200 P		

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, I hereby 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)

Page 1 of 2

	Title		Name and Address	
	<u>Title:</u> "AMBR" = Authorize	d Member	Name and Address:	
	"MGR" = Manager			
	AMBL		Padrick Cargins 429 Northaka Blad, Surta #2	
			North Palm Reach F1 33408	
			MONTH CHANGE GEREN, 11 301-1	
	- <del></del>			
	(Use attachment if nec	cessary)		
A D.T.I.	(Use attachment if nec	• •	(ODTIONAL)	
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ARTICLE IV-