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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Tallahassee, FL 32301

TO:

Registration Section

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

16 JAN 26 AM 11:21

SECRETARY OF STATE TALLAHASSEE FLORIDA

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Littly Lady Leasing Inc Plant Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Concontal on</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FLORIDA
on Jan 5, 7016 (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Li Hle Lapy Leasing, LLC (Enter Name of Florida Limited Liability Company)
(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.

Signed this 25 day of January	20_/6
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Joshva N. M./II.	Title: MANASER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Printed Name: John N. M. M.	Title: faes ount
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Little LADY LEASing, LLC (Must end with the words "Limited Liability	
(Must end with the words "Limited Liabili	y 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:
2771 vista parkway Suite F-12 WB FL. 33411	2771 Vista Parkway Buite F-12 WPB FL. 3340
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 re	egistered agent are:
RICHARO JAROLO Name	m , 853
TRAIB LIEBERMM. et. A	16. 11770 US Huy 1, Ste 402
Florida street address (P.O.	Box NOT acceptable)
NPB	FL 33408 Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci 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
Registered Agent's Sign	ature (REQUIRED)

Page 1 of 2

(CONTINUED)

	Company:	authorized to manage and control the Limited Liability
	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager	Joshva N. Miller 2771 Vista parkway WPB FL. 33411 Swite F. W
		ALL AN
		NSSE I
		E FLC
		A CONTRACTOR OF THE PROPERTY O
.RTIC	(Use attachment if necessary) CLE V: Effective date, if other than the	date of filing: (OPTIONAL)
If an e o or 90 lote: If ocumen	CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	he applicable statutory filing requirements, this date will not be listed
If an e o or 90 lote: If ocumen	CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet the date of the Department of State's	be specific and cannot be more than five business days he applicable statutory filing requirements, this date will not be listed
If an e o or 90 lote: If ocumen	CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet the date inserted after the Department of State's effective date on the Department of State's CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days he applicable statutory filing requirements, this date will not be listed s records.
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If an e o or 90 lote: If ocumen	CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) The date inserted in this block does not meet the date inserted in the Department of State's effective date on the Department of State's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in account of the degree felony constitutes a third degree felony.	the applicable statutory filing requirements, this date will not be listed as records. Tor an authorized representative of a member. Eccordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
If an e o or 90 Note: If locumen	CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) The date inserted in this block does not meet the date inserted in the Department of State's effective date on the Department of State's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in and I am aware that any false inform constitutes a third degree felony Type	he applicable statutory filing requirements, this date will not be listed as records. Tor an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes. lation submitted in a document to the Department of State