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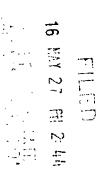
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | Division of Co | | | | |
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| SUBJE | CT: | Cernitz 35 | hanbron, LL of Resulting Florida Limite | d Company) | _ |
| | | | les of Organization, an ability Company" in a | | |
| Please re | eturn all corre | spondence concerning | g this matter to: | | |
| | Justin (| (Contact Person) | <u></u> | | |
| (| ernitz | (Firm/Company) | , LLC | | |
| 3 | oo Se | (Contact Person) Shan brun (Firm/Company) Are, (Address) | Ste 215 | | |
| | Coral | Gasles Floaty, State and Zin Code) | 33134 | | |
| E-mai | - | Cernitzlaw, coused for future annual re | | | |
| For furth | ner informatio | on concerning this ma | tter, please call: | | |
| Cano | Name of Contact | er Person) | _at (_305_)(Area Code)_(Day | 30-3255 time Telephone Number) | |
| Enclosed | d is a check for | or the following amou | ent: | | |
| | | ☐S155.00 Filing Fees and Certificate of Status | □\$180.00 Filing Fees and Certified Copy | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | ਼ੇ ਰ |
| Registra Division Clifton I 2661 Ex | T ADDRESS tion Section of Corporati Building ecutive Center (see, FL 3230 | ons er Circle | MAILING A Registration S Division of C P. O. Box 633 Tallahassee, I | Section forporations 27 | FILED BW 27 EI 2 W |

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED

16 HAY 27 FH 2:44

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: (Enter Name of Other Business Entity) Proposition 505 |
|--|
| (Enter Name of Other Business Entity) P1000059505 |
| 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 |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: (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 this 23 day of May | 20 <u>(</u> | |
|---|--|-------------|
| Signature of Authorized Representative of Limi | ited Liability Company: | |
| Signature of Authorized Representative: Printed Name: Justin Cein. 12 | Pitte: P | <u> </u> |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] | |
| Signature: Candise Shanbro | Title: P | _ |
| | | |
| Signature:Printed Name: | Title: | _ _ |
| Signature:Printed Name: | Tista. | _ |
| | | |
| Signature:Printed Name: | Title: | _ _ |
| Signature:Printed Name: | Title: | <u> </u> |
| | | |
| Signature:Printed Name: | Title: | _ _ |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc If Florida General Partnership or Limited Liabili Signature of one General Partner. | corporator must sign. | |
| If Florida Limited Partnership or Limited Liability 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) | 16 BM 27 F3 |
| | Page 2 of 2 | 2 44 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

| • | ith an active Florida registration.) | |
|---------------|---|--|
| i ne name and | the Florida street address of the registered agent are: | |
| | Justin Cernitz Name | |
| | | |
| | 300 Sevilla Ave, Sh 215 | |
| | 300 Serilla Are, Ste 215 Florida street address (P.O. Box NOT acceptable) | |
| | | |
| | Loral Gasles FL 33/34 | |
| | Coral Gasles FL 33134 City Zip | |
| | | |

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..

(CONTINUED)

Page 1 of 2

| <u>T</u> itle: | | |
|---|--|---|
| | Name and Address: | FILEO |
| "AMBR" = Authorized Member | | 16 PAY 27 FH 21 h |
| "MGR" = Manager Area AMBR | Justin Cernitz | |
| | Coral Gastes, FL | 33134 |
| AMBR | Candise Shanbron | |
| • | 300 Sevilla Ave, Coral Galley FL 3 | Ste 215 33134 |
| | , | |
| | | |
| | | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| | date of filing: be specific and cannot be mo | (OPTIONAL) re than five business days |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) If the date inserted in this block does not meet the ent's effective date on the Department of State's CLE VI: Other provisions, if any. | he applicable statutory filing require | |
| Of days after the date of filing.) If the date inserted in this block does not meet the onthe Department of State's | he applicable statutory filing require | |
| Of days after the date of filing.) If the date inserted in this block does not meet the ent's effective date on the Department of State's CLE VI: Other provisions, if any. | he applicable statutory filing require | |
| Of days after the date of filing.) If the date inserted in this block does not meet the ent'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 acid am aware that any false informationstitutes a third degree felony. | or an authorized represent accordance with section 605,0203 (1) ation submitted in a document to the as provided for in s.817.155, F.S. | ative of a member. (b), Florida Statutes. Department of State |
| Of days after the date of filing.) If the date inserted in this block does not meet the ent'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 acid am aware that any false informationstitutes a third degree felony. | or an authorized represent accordance with section 605,0203 (1) ation submitted in a document to the as provided for in s.817.155, F.S. | ative of a member. (b), Florida Statutes. Department of State |
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Page 2 of 2

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

ARTICLE IV-