## 1600021237

| (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: |  |  |  |  |  |
| . SHAG                                  |  |  |  |  |  |
| પ્ર SILAS                               |  |  |  |  |  |
| 10 NIZ                                  |  |  |  |  |  |
| <u> </u>                                |  |  |  |  |  |

Office Use Only



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## COVER LETTER .

| TO:  | Registration S<br>Division of Co |  |  |          |   |  |  |
|--|----------------------------------|--|--|----------|---|--|--|
| SUBJ   | ECT: Axiom Slee                  | ep Company, LLC                                    |  |          |   |  |  |
|  |                                  |  | Limited Liability Co   | mpany    |   |  |  |
| Limite   |                                  | of Conversion and fed<br>apany" into an "Other     | , ,  |          |   |  |  |
| Please   | return all corre                 | spondence concerning                               | this matter to:  |          |   |  |  |
| Andres   | w Avom                           |  |  |          |   |  |  |
|  |                                  | Contact Person                                     |  |          |   |  |  |
| Avom   | LLC                              |  |  |          |   |  |  |
|  |                                  | Firm/Company                                       |  |          |   |  |  |
| 88 Lef   | ferts Place, 3A                  |  |  |          |   |  |  |
|  |                                  | Address  |  |          |   |  |  |
| Brook  | lyn, NY 11238                    | ***********  |  |          |   |  |  |
|  | Ci                               | ty, State and Zip Code                             |  |          |   |  |  |
| andrew   | w@avomlaw.com                    |  |  |          |   |  |  |
| E  | -mail address: (to b             | e used for future annual re                        | port notification)   |          |   |  |  |
| For fu   | orther information               | on concerning this mat                             | ter, please call:  |          |   |  |  |
| Aaron Kautz  |                                  |  | _ at (   | 567-7    | 7731  |  |  |
| N  | ame of Contact Pe                | rson   | Area Code ar   | nd Dayti | ime Telephone Number  |  |  |
| Enclosed is a check for the following amount:  |                                  |  |  |          |   |  |  |
| <b>\$25</b>  | 5.00 Filing Fee                  | \$30.00 Filing Fee<br>and Certificate of<br>Status | ☐\$55.00 Filing I<br>and Certified Cop   |          | \$60.00 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |  |  |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                                  |  | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |          |   |  |  |

CR2E106 (05/17)

FILED

## **Articles of Conversion** For

Florida Limited Liability Company Into

"Converted or Other Business Entity"

MAY 20 日日 1215-

SECRETARY OF STATE TALLAHASSEE, FL

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

| The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:  Axiom Sleep Company, LLC  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
| 2. The name of the "Converted or Other Business Entity" is:  |  |  |  |  |  |  |
| Axiom Sleep Company  |  |  |  |  |  |  |
| Enter Name of "Converted or Other Business Entity"   |  |  |  |  |  |  |
| 3. The "Converted or Other Business Entity" is a Corporation  (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) |  |  |  |  |  |  |
| organized, formed or incorporated under the laws of  |  |  |  |  |  |  |
| (Enter state, or if a non-U.S. entity, the name of the country) The formation document is attached (if applicable).  |  |  |  |  |  |  |
| 4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.  |  |  |  |  |  |  |
| 5. This conversion shall be effective in Florida on:  The effective date: 1) cannot be prior to 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 of the conversion under the laws governing the 'Other Business Entity.')  |  |  |  |  |  |  |

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.

DocùSign Envelope ID: 98320041-CFC3-4558-9EF2-006F9AC08B85

Certified Copy:

Certificate of Status:

| 6. If the "Converted transact business is  | or Other Business<br>on Florida, the "Conv | Entity" is an out-of-s<br>verted or Other Busin  | tate entity not registered to less Entity":  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| a.) Lists the for Department of 605.0117 and   | f State may send and                       | mailing address of an<br>d process served on the | office the Florida he department pursuant to |  |  |  |  |
| Street Address:  | 2639 North Monroe Street, Suite C-305      |  |  |  |  |  |  |
|  | Tallahassee, FL 32303                      |  |  |  |  |  |  |
| Mailing Address:   | 2639 North Monroe Street, Suite C-305      |  |  |  |  |  |  |
|  | Tallahassec, FL 32303                      |  |  |  |  |  |  |
| 7. 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. |  |  |  |  |  |  |  |
| Signed this  | day of                                     | May  | , 20   |  |  |  |  |
| Signature:   |  |  |  |  |  |  |  |
| Must be signed by a Member or Authorized Representative  |  |  |  |  |  |  |  |
| Printed Name: Aaron  | Kautz Chief Executive Officer Title:       |  |  |  |  |  |  |
| Fees: Filing Fee:  | \$25.                                      | 00   |  |  |  |  |  |

\$30.00 (Optional)

\$5.00 (Optional)