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(Re	questor's Name)	
(Ad	dress)	
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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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SCORETARY OF STATE
AND ALLEGED FROM

T. BURCH JAN 2 4 2017

COVER LETTER

	istration S ision of C	ection orporations			
SURIECT	, GOAL DI	GGER APPAREL, LLC.			
SOBSECT	*	(Name of Res	ulting Florida Limite	d Com	npany)
					d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please retur	rn all corre	espondence concerning	g this matter to:		
RENEE M T	HOMPSON	I			
	<u> </u>	(Contact Person)			
GOAL DIGG	GER APPAR	REL, LLC.			
		(Firm/Company)			
570 ST TRO	PEZ LN				
		(Address)			
MARGATE,	FL. 33068				
	((City, State and Zip Code)			
goaldiggers2					
E-mail A	ddress: (to b	e used for future annual rep	port notifications)		
For further	informati	on concerning this ma	ter, please call:		
RENEE M T	HOMPSON	I	_at (⁸⁵⁵	600-1	time Telephone Number)
(Na	me of Conta	ict Person)	(Area Code)	(Day	vtime Telephone Number)
		or the following amou a bank located in the		rocess	sed by this office must be payable in US
\$150.00 F (\$25 for Con & \$125 for A of Organizati	version articles	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET Registratio Division o Clifton Bu 2661 Exec	n Section f Corporat ilding	ions	Registr Divisio P. O. B	ation (n of C ox 63)	Corporations

Tallahassee, FL 32301

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.

s of Conversion is:
TILLED
ED PH 2:
29
name of the country)
eles of Organization:
90 days after the same as the effective

- 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 appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 17, day of JANUARY	20_17			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative: Printed Name: RENEE M THOMPSON	Title: PRESIDENT	_		
Signature(s) on hehalf of Other Business Entity:	See below for required signature(s)]			
Signature: Printed Name: RENEE M THOMPSON	Title: PRESIDENT			
Signature: Printed Name: TEQUILA L WALKER				
		_		
Signature:Printed Name:	Title:	<u> </u>		
Signature:Printed Name:				
Printed Name:	Title:		17 J	
Signature:			JAN	_
Printed Name:	Title:	- <u>SS</u>	19	Ē
Signature:			P	ר
Printed Name:	Title:	-8% -8%	5 2	
If Florida Corporation:		原用	30	
Signature of Chairman, Vice Chairman, Director, or Officers have not be applied to the				
If Directors or Officers have not been selected, an Inc	corporator must sign.			
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabili 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)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
GOAL DIGGER APPAREL, LLC.	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:		
570 ST TROPEZ LN	PO BOX 667285		
MARGATE, FL. 33068	POMPANO BEACH, FL. 33066		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name	7,
	A STATE OF THE STA
(P.O. Box NOT acceptable)	HIE SSE
FL 33068	
Zip	2 N

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

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ARTICLE IV-

Typed or printed name of signee

RENEE M THOMPSON

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2