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### **Articles of Conversion**

4,

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
The Collective, Tampa Inc. 77-102278.  (Enter Name of Other Business Entity)
(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 Flori AQ
(Enter state, or if a non-U.S. entity, the name of the country)
on July 26 <sup>th</sup> 2017 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
The Collective, Tampa 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: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
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.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

Signed this 15 day of August	20 17
$\sim$	
Signature of Authorized Representative of Limit	<del></del>
Signature of Authorized Representative:  Printed Name: Nicholas A Frasse	
Printed Name: Nicholas A Trasse	Title: President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
	• • • • • • • • • • • • • • • • • • • •
Signature: Ohio Frome	
Printed Name: ( ) oh so Fromme	Title: Hesident
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title
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Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida I imited Boutsonhis and I imited I take the	. T' '- ID
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
Signatures of ALL Ocheral Partiers.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

. 1.

ARTICLE I - Name: The name of the Limited Liability Company is:	
The Collective, Tampo (Must contain the words "Esmited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16621 Ashton Green Dr Lutz FL 33558	16621 Ashton Green Dr Wtz FL 33558
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: ed Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Micholas A. Fra	USSC.
Name	
16621 Ashton G	seen Dr.
Florida street address (P.O.	
Lutz	FI 33778
City	<u>FL 33778</u>
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
4	
Registered Agent's Signa	ture (REQUIRED)
(CONTINU	ED)

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

"AMBR" = Authorized Member	
"MGR" = Manager	11:11 6 56 250
_!M(7K	Nicholas Trosse
	light 1 Ashten trace Dr.
	Lutz FL 37558
MGL	John Fromme
	2601 W Saint John St.
	Mingh FC SJ 607
(I i i i C )	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
Signature of a member of This document is executed in accordar any false information submitted in a do	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes, I am aware occument to the Department of State constitutes a third degree f
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	nce with section 605.0203 (1) (b), Florida Statutes, I am aware ocument to the Department of State constitutes a third degree f
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	nce with section 605.0203 (1) (b), Florida Statutes, I am aware ocument to the Department of State constitutes a third degree f
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Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	A. Frasse Typed or printed name of signee  Filing Fees
Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	A. Frasse Typed or printed name of signee  Filing Fees  s of Organization and Designation of Registered
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