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T SCHROEDER

### COVER LETTER

<b>TO:</b> Registration Division of C			
SUBJECT: T3	Packaging, L.L.C.		
-		of Resulting Florida Limite	d Company)
		<del></del>	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
Peter E. Moi	rgan, Esq.		
Morgan Eas	(Contact Person) ley, L.L.C		
	(Firm/Company)		
555 Sun Val	ley Drive, Suite J4		
· · · ·	(Address)		
Roswell, GA	X 30076		
(	City, State and Zip Code)	<del></del>	
pm@morga	neaslev.com		
	oe used for future annual re	port notifications)	
For further informati	ion concerning this ma	tter, please call:	
Peter E. Morg	an, Esq.	at ( 770 ) 38;	3-4660
(Name of Cont	<del></del>	<del></del>	rtime Telephone Number)
Enclosed is a check	for the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐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
STREET ADDRES	S:	MAILING A	ADDRESS:
Registration Section		Registration 5	
Division of Corporat	ions	Division of C	
Clifton Building		P. O. Box 63.	27

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Conversion For "Other Business Entity"

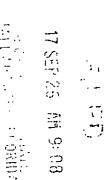
#### Into

#### 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.

	kaging, L.L.C. r Name of Other Business Entity)
(ISING)	Crame of Other Business Littley,
2. The "Other Business Entity" is a	
(	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpora	ited under the laws of Georgia
onApril 22, 2009	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or inco	orporation)
3. The name of the Florida Limited	Liability Company as set forth in the attached Articles of Organization:
T3 Pack	saging, L.L.C.
T3 Pack	
T3 Pack (Enter Name o	saging, L.L.C. of Florida Limited Liability Company)
T3 Pack (Enter Name of tiling) 4. If not effective on the date of tiling	saging, L.L.C.
T3 Pack (Enter Name of the date of filir) (The effective date: 1) cannot be part of the date this document is filed by the late listed in the attached Articles	saging, L.L.C.  of Florida Limited Liability Company)  ng, enter the effective date:  orior to date of receipt or filed date nor more than 90 days after the Florida Department of State; AND 2) must be the same as the effective of Organization, if an effective date is listed therein.)  s not meet the applicable statutory filing requirements, this date will not be listed as the

Page 1 of 2



Signed this 20th day of September	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: Sherry Barron	Title Authorized Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Sherry Barron	uo
Printed Name: Sherry Barron	Title: Authorized Member
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL 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) =

Page 2 of 2

EP 25 AM 9: 08

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
T3 Packaging, L.L.C.				
(Must end with the words "Limited Liabilit	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:			
4427 Southwinds Drive, Unit No. 4427 Miramar Beach, FL 32550	755 Grand Blvd. Ste. 105B-334 Miramar Beach, FL 32550			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)				
The name and the Florida street address of the re-	egistered agent are:			
Ms. Sherry B	arron			
Name				
4427 Southwinds	Drive, Unit No. 4427			
Florida street address (P.O.				
Miramar Beach	FL 32550			
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			
(CONTINU	J <b>ED)</b>			

Page 1 of 2

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А	$\mathbb{R}^{3}$	H	u	L	r.	1	v	-

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

Title:	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager AMBR	Rodney Barron			
	755 Grand Blvd, Ste. 105B-334 Miramar Beach, FL 32550		<del></del>	
AMBR	Sherry Barron			
	755 Grand Blvd. Stc. 105B-334			
	Miramar Beach, FL 32550		_	
AMBR	Christopher Margelli		17	
	2560 New College Way	, <u> , , , , , , , , , , , , , , , , ,</u>	S	<b>.</b>
	Cumming, GA 30041		— აე	
AMBR	Allison Margelli	,	۲۰	₹.
	2560 New College Way	<del></del>	一宝	••••
	Cumming, GA 30041	7.	_ <sup>.</sup> S	• • `
(Use attachment if necessary)		82. Un	0.8	
ARTICLE V: Effective date, if other than the	date of filing:	(OPTI	IONAT	)
If an effective date is listed, the date must be or 90 days after the date of filing.)  Note: If the date inserted in this block does not meet the locument's effective date on the Department of State's ARTICLE VI: Other provisions, if any.	be specific and cannot be more than a applicable statutory filing requirements, this	five busii	ness da	iys prio
REQUIRED SIGNATURE:	Sunor			<del></del> 
Signature of a member	or an authorized representative of a	a membe	r.	

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sherry Barron

Typed or printed name of signee

#### 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)

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