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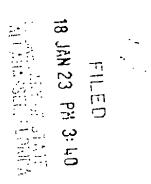
	(Requestor's Name)
	(Address)
	(Address)
-	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
-	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



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T. BURCH JAN 25 2018

COVER LETTER

TO:	New Filing Son Division of C		,		
SUBJ.	FCT∙		yb;	Exon	SS, Inc.
эодо.		(Name of Res	sulting Florida L		
			_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g this matter t	to:	
		Tim Hokeon	h /		
		(Contact Person)			
		(Contact Person) (Ub. Expr. (Firm/Company)	2 ک		
-		(Firm/Company)	. 		
	6	(Address)	/ 1.		
	. <u> </u>	(Address)	•		
	/	North R/m Bto City, State and Zip Code)	uL, FL 3	33408	
	Tim @	unleash Your Coo	1. Com		
E-m	nail Addr e ss: (to b	e used for future annual re	port notification	s)	
For fu	rther informati	on concerning this ma	tter, please ca	dl:	
	Til	Holienh	at (32/	, 2	77-8763
	(Name of Conta	Holcomb act Person)	(Area Co	ode) (Day	time Telephone Number)
		or the following amou a bank located in the	•	•	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fi and Certified		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRE	ET ADDRES	S:	MA	ILING A	ADDRESS:
	iling Section			v Filing S	
	on of Corporat	ions			orporations
Ciittoi	n Building		P. C). Box 63.	41

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

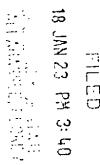
Articles of Conversion

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.

1. The name of the Other Business Entity immo	Business Entity)
(Enter Name of Other	Business Entity)
2. The "Other Business Entity" is a	Corporation mited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the	
on <u>5-25-2012</u> (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Com	npany as set forth in the attached Articles of Organization: (our / fry LLC. d Liability Company)
(Enter Name of Florida Limited	d Liability Company)
4. If not effective on the date of filing, enter the e	ffective date:
(The effective date: Cannot be prior to date of a the date this document is filed by the Florida D	receipt or filed date nor more than 90 calendar days after repartment of State.) plicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in ac	cordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agr	reed 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 January	_20 <u>_/8</u> .
Signature of Authorized Representative of Limit	
7	
Signature of Authorized Representative:	-D Mill
Signature of Authorized Representative: Printed Name: Tim D Hellands	Title: President
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)
Signature: MMMaul Rive	
Printed Name: Ann Minit Rusc	Title: president
	,
Signature: D Mul	
Signature: Z. D. Amb. Printed Name: Tim D. He/(0.mb)	Title: VPro Vant
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	Title:
0.	
Signature:Printed Name:	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
ICEL STATE CONTRACTOR OF THE CONTRACT OF THE C	D. D. Mariana M. Carriera
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	_
Centificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability	Consultany, LLC.
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
North Palm Black, FL 33408	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	ered Agent. You must designate an individual or another
Tin 1	Holomb
Name	
613 Flotilla	Lanc
Florida street address (P.O	
Worth Palm Beach City	FL 33408
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	- x // 1 /
MGR_	- 1 in U. Ho/comb
	Norm Deach, FL 33408
	11911
	
	
	-
(Use attachment if necessary)	ر (الله الله الله الله الله الله الله ال
•	
T E V. Other provisions (Con.	-
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	//
REQUIRED SIGNATURE.	
	· D. MAL
	r an authorized representative of a member
This document is executed in accordance	ce with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree fe
any false information submitted in a docu	
any false information submitted in a doct as provided for in s.817.155, F.S.	:// /
any false information submitted in a doct as provided for in s.817.155, F.S.	in D. Holcomb
any false information submitted in a doct as provided for in s.817.155, F.S.	yped or printed name of signee Filing Fees

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

ARTICLE IV-

Company: