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| Special Instructions to Filing Officer: | | | | |
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| TO: | New Filing So Division of C | | | | |
|---------------------------|--|---|---------------------------------------|------------------------------|--|
| SUBJ | ECT: C-MONS | TER LLC | | | |
| | | (Name of Res | sulting Florida Limite | ed Com | npany) |
| | | | | | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please | return all corre | espondence concernin | g this matter to: | | |
| LEO J | . SALVATORI | | | | |
| | | (Contact Person) | | | |
| SALV | ATORI LAW OFI | FICE, PLLC | | | |
| | | (Firm/Company) | | | |
| 5150 T | 'AMIAMI TRAIL | NORTH, SUITE 304 | | | |
| | | (Address) | | | |
| NAPL | ES. FLORIDA 34 | 103 | | | |
| | | City, State and Zip Code) | | | |
| | SALVATORI.LEC | | | | |
| E-n | nail Address: (to b | e used for future annual re | port notifications) | | |
| For fu | rther information | on concerning this ma | tter, please call: | | |
| LEO J | SALVATORI | | _at (²³⁹ | 308-9 | 191 |
| | (Name of Conta | ct Person) | (Area Code) | (Day | time Telephone Number) |
| | | or the following amou a bank located in the | • | rocess | ed by this office must be payable in US |
| (\$25 fo & \$125 | 0.00 Filing Fees r Conversion for Articles inization) | □\$155.00 Filing Fees and Certificate of Status | ■\$180,00 Filing I and Certified Copy | | ☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status |
| New I Divisi Clifto | ET ADDRESS Filing Section on of Corporati n Building Executive Cente | ons | New Fil Division P. O. Bo | ling So n of Co ox 632 | orporations |

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" immediately prior to the filing of the Articles of Conversion is: C-MONSTER LLC |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-O.S. entity, the name of the country) |
| May 20, 2015 on . |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| C-MONSTER LLC |
| (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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S. |
| |
| |
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| |

| Signed thi | s <u>31st</u> day of <u>JANUARY</u> | <u></u> |
|--------------|---------------------------------------|---|
| Signature | of Authorized Representative of | Limited Liability Company: |
| <u></u> | | |
| Signature | of Authorized Representative: | <u> </u> |
| Printed Na | me: LEO J. SALVATORI | Title: AUTHORIZED PERSON |
| | | |
| Signature | (s) on behalf of Other Business En | tity: [See below for required signature(s)] |
| Signature | | |
| Printed Na | me: LEO J. SALVATORI | Title: AUTHORIZED PERSON |
| | | |
| Signature: | | |
| Printed Na | ime: | Title: |
| | | |
| Signature: | | |
| Printed Na | me: | Title: |
| | | |
| Signature: | | |
| Printed Na | ime: | Title: |
| | | |
| Signature: | | |
| Printed Na | ime: | Title: |
| a. | | |
| Signature: | | 701.1 |
| Printed Na | ime: | Title: |
| If Florida | Corporation: | |
| | of Chairman, Vice Chairman, Directe | or Officer |
| | s or Officers have not been selected. | |
| II Director | 3 of Officers have not been selected. | an meorpotator must sign. |
| If Florida | General Partnership or Limited L | iability Partnershin: |
| | of one General Partner. | |
| | | |
| If Florida | Limited Partnership or Limited L | iability Limited Partnership: |
| Signatures | of ALL General Partners. | - · · · · · · · · · · · · · · · · · · · |
| | | |
| All others | | |
| Signature of | of an authorized person. | |
| | | |
| Fees: | | |
| | | |
| | ticles of Conversion: | \$25.00 |
| | es for Florida Articles of Organizat | |
| | rtified Copy: | \$30.00 (Optional) |
| Ce | rtificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: | | | |
|--|---|--|--|
| The name of the Limited Liability Company is | s: | | |
| C-MONSTER LLC | | | |
| (Must contain the words "Limited Liabi | lity Company, "L.L.C.," or "L.L.C.,") | | |
| , | ,, | | |
| ARTICLE II - Address: | | | |
| The mailing address and street address of the | principal office of the Limited Liability Company is: | | |
| Principal Office Address: | Mailing Address: | | |
| 126 WALTON WAY, UNIT 4 | 126 WALTON WAY, UNIT 4 | | |
| MIRAMAR BEACH, FLORIDA 32550 | MIRAMAR BEACH, FLORIDA 32550 | | |
| | | | |
| (The Limited Liability Company cannot serve as its own Reg husiness entity with an active Florida registration.) The name and the Florida street address of the | e registered agent are: | | |
| SALVATORI LAW OFFICE. | | | |
| Nar | ne | | |
| 5150 TAMIAMI TRAIL NOR | TH. SUITE 304 | | |
| Florida street address (P. | O. Box NOT acceptable) | | |
| NAPLES | C1 34103 | | |
| City | FL 34103 Zip | | |
| O.I., | (21)p | | |
| liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as r | to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S., | | |
| Registered Agent's Signature | gnature (REQUIRED) | | |
| | | | |
| | | | |

(CONTINUED)

| | DT | IC | ı r | 137 |
|---|----|----|--------|-------|
| A | RT | | I . M. | 1 V - |

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

| <u>Title:</u> | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MM | SEA MONSTER LLC |
| | 126 WALTON WAY, UNIT 4 |
| | MIRAMAR BEACH, FLORIDA 32550 |
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| ICLE V: Other provisions, if any. | |
| · | |
| REQUIRED SIGNATURE: | |
| Signature of a member or | an authorized representative of a member |
| This document is executed in accordance | with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felor |
| LEO J. SALVATORI | |
| Ty | ped or printed name of signee |
| • | Elling Coop |

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)