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COVER LETTER

| TO: New Filing Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: Epoxy Designs LLC. (Name of Resulting Florida Limited Company) | | | | |
| The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. | | | | |
| Please return all correspondence concerning this matter to: | | | | |
| Brandon Shaw (Contact Person) | | | | |
| (Firm/Company) | | | | |
| 13405 PINE NEEDLE LN (Address) | | | | |
| FORT MYEVS, FL 33908 (City. State and Zip Code) | | | | |
| E-mail Address: (to be used for future annual report notifications) | | | | |
| For further information concerning this matter, please call: | | | | |
| Rrandon Shaw at (239) 841-3930 (Name of Contact Person) (Area Code) (Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) | | | | |
| ☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status ☐ \$180.00 Filing Fees and Certified Copy and Certificate of Status ☐ \$185.00 Filing Fees and Certified Copy and Certificate of Status | | | | |
| STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 | | | | |

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: |
|--|
| Epoxy Designs Inc. 718-46417 (Enter Name of Other Business Entity) |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of <u>FLORIDA</u> (Enter state, or if a non-U.S. entity, the name of the country) |
| on May 21 2018 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Epoxy Design (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: June 11, 2016. (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.



| Signed this 11 day of June | 20_18 |
|---|--|
| Signature of Authorized Representative of Lim | 7 |
| Signature of Authorized Representative: Brime | afair lin |
| Printed Name: Beandon Shaw | Title: Owacf |
| 41480 | |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| Signature: Bonn his how | |
| Printed Name: Beandon Shaw | Title: Chauman Lore Cident |
| | , . |
| Signature: HUMAN Blo COM. | |
| Signature: HUMAN BLOCK BUYN Printed Name: HUNTEY BIACK BUYN | Title: Vice Chairman/president |
| Cimatura | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | |
| Signature: Printed Name: | Title: |
| Signatura | |
| Signature:Printed Name: | Title: |
| | Title. |
| Signature:Printed Name: | |
| Printed Name: | Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer. |
| If Directors or Officers have not been selected, an In | |
| 747) II 0 | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of ALL General Partners. | |
| A.18 - Al- | |
| All others: Signature of an authorized person. | |
| orginature of an audiotized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

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SECKLIARY OF STATE
FALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | |
|--|--|--|--|
| and the many time and a second company to. | | | |
| Epoxy Designs LL | ·C. | | |
| (Must contain the words "Limited Liability Co | ompany, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street address of the princ | ipal office of the Limited Liability Company is: | | |
| Principal Office Address: | Mailing Address: | | |
| 13405 Pine Needle Ln Fort Myers FL 33908 | 13405 pine Neldle Ln FORT MYERS FL 33908 | | |
| ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) | ffice, & Registered Agent's Signature: Agent. You must designate an individual or another | | |
| The name and the Florida street address of the regi | stered agent are: | | |
| <u>Brandon Shaw</u> Name |) | | |
| 13405 Pine Nell | dle Ln | | |
| Florida street address (P.O. Bo | ox NOT acceptable) | | |
| Fort Mytrs City | FL 33908 | | |
| City | Zip | | |
| liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf | except service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 605, F.S. | | |
| R who h | $\frac{1}{2\omega}$ | | |
| Registered Agent's Signatu | ire (REQUIRED) | | |
| (CONTINUE | SE 18 | | |

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

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Member "MGR" = ManagerM(1 k | Brandon Shaw 13405 Pine Neldle Ln Fort Myers, FL 33908 |
| AMBR | Hunter Blackburn 16280 Arbor Ridge Dr. Fort Mylvs Fl 33908 |
| | |
| (Use attachment if necessary) | TALLA |
| ARTICLE V: Other provisions, if any. | HASSEEL F |
| | |
| REQUIRED SIGNATURE: | |
| This document is executed in accordance wi | t authorized representative of a member (ith section 605.0203 (1) (b), Florida Statutes. I am aware that nt to the Department of State constitutes a third degree felony |
| B_0 | d or printed name of signee |
| Туре | d 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)