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| (Re | equestor's Name) | | | | |
|---|--------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cit | ty/State/Zip/Phone | ÷#) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | usiness Entity Nam | ne) | | | |
| (Do | ocument Number) | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

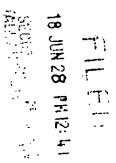
Office Use Only

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COVER LETTER

| TO: New Filing S Division of C | | | | |
|--|---|--|--|-----------------|
| SUBJECT: Estobi E | nterprises LLC | | | |
| SOBJECT. | | sulting Florida Limited Co | mpany) | • |
| | | | nd fees are submitted to eaccordance with s. 605.10 | |
| Please return all corr | espondence concernin | g this matter to: | | |
| Clint Schubert | | | | 80 7 |
| | (Contact Person) | | | |
| Estobi Enterprises LLC | | | | 18 JUN 28 |
| | (Firm/Company) | | | · a a i |
| 406 SW Redwood Cv | | | | - |
| · · · · · · · · · · · · · · · · · · · | (Address) | | | PH 12: 41 |
| Port St Lucie, FL 3498 | 36 | | | |
| (| City, State and Zip Code) | | | |
| clint@estobienterprise | s.com | | | |
| E-mail Address: (to b | be used for future annual re | port notifications) | | |
| For further informati | on concerning this ma | tter, please call: | | |
| | | _at () | | _ |
| (Name of Conta | act Person) | (Area Code) (Da | sytime Telephone Number) | |
| | for the following amou a bank located in the | = | ssed by this office must b | e payable in US |
| ☐ \$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 | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| STREET ADDRES | S: | MAILING | ADDRESS: | |
| New Filing Section | | New Filing | | |
| Division of Corporat | tions | | Corporations | |
| Clifton Building | tor Cirola | P. O. Box 63 | | |
| 2661 Executive Cen | ici Chcic | Tallahassee. | エルー 32314 | |

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

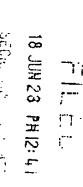
Into

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.

| | The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: tobi Enterprises 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.) |
| | |
| Fi | organized, formed or incorporated under the laws of |
| | (Enter state, or if a non-U.S. entity, the name of the country) |
| ΩĽ | 10/11/2016 |
| (/1 | (date of organization, formation or incorporation) |
| 3. | The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Es | tobi Enterprises LLC |
| _ | (Enter Name of Florida Limited Liability Company) |
| 4. | If not effective on the date of filing, enter the effective date: |
| - | he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after |
| | e date this document is filed by the Florida Department of State.) |
| | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 24th day of June | 20_18 | |
|---|--|-------------------|
| Signature of Authorized Representative of Limit | ed Liability Company: | |
| Signature of Authorized Representative: Clist Schobert | Title: Owner | - |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s) | |
| Signature: Clint Schubert | Title: Owner | - - |
| Signature:Printed Name: | Title: | - - |
| Signature:Printed Name: | Title: | - - |
| Signature:Printed Name: | Title: | - - |
| Signature:Printed Name: | Title: | - - |
| Signature: Printed Name: | _ Title: | - - |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | v Partnership: | 18 JU T |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. | y Limited Partnership: | N28 P |
| All others: Signature of an authorized person. | | 128 PA 12:41 |
| Fees: | | , · · - |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Estobi Enterprises LLC | Company "LLC " or "LC") |
|---|--|
| | Company "L.L.C." or "LLC.") |
| (Must contain the words "Limited Liability | Company, 1317,61, Or 1327, 7 |
| ARTICLE II - Address: | |
| The mailing address and street address of the prin | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 406 SW Redwood Cove | 406 SW Redwood Cove |
| Port St Lucie, FL 34986 | Port St Lucie, FL 34986 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re Clint Schubert | red Agent. You must designate an individual or another |
| Name | - T |
| 406 SW Redwood Cove Florida street address (P.O. | Box NOT acceptable) |
| Port St Lucie | FL 34986 |
| City | Zip |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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|---|---|---|----|--------|---|----|-----|----|---|
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. . . .

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager AMBR | Clint Schubert 406 SW Redwood Cove Port St Lucie, FL 34986 |
| | |
| | |
| | ــــــــــــــــــــــــــــــــــــــ |
| | 0 UH 28 |
| (Use attachment if necessary) | |
| TCLE V: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | flans |
| This document is executed in accordance | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony |
| Clint Schubert | |
| Туј | ped 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)