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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF LIME FALLAHASSES TI ORTO! :

COVER LETTER

| SUBJECT: Trent All | len Furnishings | | | | |
|--|---|-------------------------------------|--------------------|--|------------------|
| | (Name of Re | sulting Florida Lin | ited Cor | mpany) | _ |
| | | | | nd fees are submitted to accordance with s. 605.1 | |
| Please return all corr | respondence concernin | g this matter to: | | | |
| Richaad Young | | | | | |
| | (Contact Person) | | _ | | |
| Trent Allen LLC | | | | | |
| | (Firm/Company) | | _ | | |
| 2439 Nobel Ave | | | | | |
| | (Address) | | _ | | |
| Lehigh Acres Florida 33 | 973 | | | | |
| {(| City, State and Zip Code) | | | | |
| Support@TrentAllen.us | | | | | |
| E-mail Address: (to b | oe used for future annual re | port notifications) | _ | | |
| For further informati | on concerning this ma | tter, please call: | | | |
| Richaad Young | | at (616 | \ ⁴⁰⁵⁻³ | 8321 | |
| (Name of Conta | ict Person) | (Area Code | (Day | 8321 ytime Telephone Number) | • |
| | for the following amou | | proces | sed by this office must b | oe 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 Filin and Certified Co | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| STREET ADDRES New Filing Section | S: | | | ADDRESS: | 18 SE |

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

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Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO: New Filing Section

Division of Corporations

Articles of Conversion

For

"Other Business Entity"

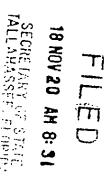
Into

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: Trent Allen LLC |
|--|
| (Enter Name of Other Business Entity) |
| 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-U.S. entity, the name of the country) |
| 05/16/2016 on |
| 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: Trent Allen Furnishings Ltc |
| (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.



| Signed this 16 | _day of November | 20 18 |
|--|--|--|
| | // | mited Liability Company: |
| Signature of Authoriz Printed Name: Richaad | ed Representative: | Ting Owner |
| | | : See below for required signature(s) |
| Signaturo: Richaad | Young / | Title: Owner |
| Signature: | | Title: |
| Signature:Printed Name: | | Title: |
| Signature:Printed Name: | | Title: |
| Signature: | | |
| Signature: | | Title: |
| If Florida Corporation Signature of Chairman | | or Officer. |
| If Florida General Pa Signature of one Gene | i <mark>rtnership or Limited Liah</mark> ral Partner. | illity Partnership: |
| If Florida Limited Pa Signatures of ALL Ge | rtnership or Limited Liab neral Partners. | ility Limited Partnership: |
| All others: Signature of an author | ized person. | |
| Fees: | | |

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Cor | npany is: |
|---|--|
| Trent Allen Furnishings LLC | |
| <u>-</u> | ited Liability Company, "L.L.C.," or "LLC.") |
| | |
| ARTICLE II - Address: The mailing address and street address | of the principal office of the Limited Liability Company is: |
| | of the principal office of the Limited Liability Company is: Mailing Address: |
| The mailing address and street address | |
| The mailing address and street address Principal Office Address: | Mailing Address: |

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

| Richaad Young | |
|--------------------------|--------------------------|
| N | ame |
| 2439 Nobel Ave | |
| Florida street address (| P.O. Box NOT acceptable) |
| Lehigh Acres | FL 33973 |
| 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 Ageny's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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 | |
| MGR/AMBR | Richaad Young |
| | 2439 Nobel Ave Lehigh Acres Florida |
| | 33973 |
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| ICLE V: Other provisions, if any. | 3 · · |
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| DECHIDED SICNATUDE. | |
| REQUIRED SIGNATURE: | |
| | |
| Shill st of the | |
| Signature of a member or | an authorized representative of a member |
| This document prefectived in accordance | with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony |
| as provided for in s.817.155, F.S. | ment to the Department of State constitutes a time degree leading |
| an provided and in the post of the | |
| Richaad Young | |
| Ту | 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)