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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | Filing Sesion of Co | ection orporations | | | |
|--|--------------------------|--|-----------------------------------|----------------------|--|
| SUBJECT: | FUSIII TA | ARAZU, LLC | | | _ |
| | | (Name of Res | ulting Florida Lim | ted Con | npany) |
| The enclose Business En | d Articles tity" into | s of Conversion, Articl a "Florida Limited Li | es of Organizat ability Compan | ion, and | d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S. |
| Please return | n all corre | espondence concerning | g this matter to: | | |
| NORMA C. W | VHEELER | | | | |
| | | (Contact Person) | | _ | |
| WEB.COM G | ROUP, IN | | | _ | |
| | | (Firm/Company) | | | |
| 12808 GRAN | BAY PAR | KWAY WEST | | _ | |
| | | (Address) | | | |
| JACKSONVI | LLE, FL 32 | 2258 | | _ | |
| | ((| City, State and Zip Code) | | _ | |
| nwheeler@we | | | | _ | |
| E-mail Ad | dress: (to b | e used for future annual re | port notifications) | | |
| For further i | informati | on concerning this ma | tter, please call: | | |
| NORMA WH | EELER | | at (⁹⁰⁴ | 251-6 | 5558 |
| (Nan | ne of Conta | ct Person) | Area Code | _ <i>)</i>) (Day | rtime Telephone Number) |
| | | for the following amou a bank located in the | | process | sed by this office must be payable in US |
| S150.00 Fit (\$25 for Conv & \$125 for Ar of Organization) | rersion rticles | S155.00 Filing Fees and Certificate of Status | □\$180.00 Filing and Certified Co | • | ☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status |
| STREET A | ADDRES | S: | МАП | ING A | ADDRESS: |
| New Filing | Section | | | _ | Section |
| Division of | | ions | | | Corporations |
| Clifton Buil | lding | G: I | P. O | 30x 63 | 27 EL 22214 |

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" immediately prior to the filing of the Articles of Conversion is: FUSHI TARAZU, INCORPORATED |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a |
| (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) |
| 6/16/2004 |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| FUSHI TARAZU, 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. |

| Signed this 3RD day of DECEMBER | 2018 | |
|---|--|------------------------------------|
| Signature of Authorized Representative of Limi | ted Liability Company: | |
| Signature of Authorized Representative: Printed Name: MATTHEW P. MCCLURE | Mcctt Mulu Title: MANAGER | _ |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s) | |
| Signature: MATTHEW P. MCCLURE | Title: SECRETARY | - |
| Signature:Printed Name: | | - - |
| Signature:Printed Name: | | |
| Signature:Printed Name: | Title: | _ - |
| Signature:Printed Name: | Title: | - |
| Signature:Printed Name: | Title: | - - |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | corporator must sign. | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: | |
| If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: | 18 DEC 19 |
| All others: Signature of an authorized person. | | |
| Fees: | | PH 2: 15 PH 2: 15 E, FLORIDA |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | DA TO SEC |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| RTICLES OF ORGANIZATION FOR | KLAJKIDA LAMA |
|--|--|
| ARTICLE I - Name: The name of the Limited Liability Company | r is: |
| FUSHI TARAZU, LLC (Must contain the words "Limited Li | iability Company, "L.L.C.," or "LI.C.") |
| ARTICLE II - Address: | he principal office of the Limited Liability Company is: |
| | Mailing Address: |
| Principal Office Address: | |
| | SAME |
| 12808 GRAN BAY PARKWAY WEST | |
| JACKSONVILLE, FL 32258 | |
| JACKSON | |
| business entity with an active Florida registration.) | istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: |
| CORPORATION SERV | TICE COMPANY |
| CON CIG | Name |
| 1201 HAYS STREET Florida street addr | ess (P.O. Box NOT acceptable) |
| | FL 32301 |
| TALLAHASSEE City | Zip |
| Having been named as registered ag liability company at the place des | ent and to accept service of process for the above stated lin ignated in this certificate, I hereby accept the appointment of this capacity. I further agree to comply with the provisions this capacity. I further agree to comply with the provisions |

ited 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..

Rosemarie Gagliardino Assistant Vice President

(CONTINUED)

ARTICLE IV-

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

| BR" = Authorized Member R" = Manager | DAVID L. BROWN 12808 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258 JENNIFER LADA 12808 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258 |
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| | 12808 GRAN BAY PARKWAY WEST JACKSONVILLE, FL 32258 JENNIFER LADA 12808 GRAN BAY PARKWAY WEST |
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| | MATTHEW P. MCCLURE |
| | 12808 GRAN BAY PARKWAY WEST |
| | JACKSONVILLE, FL 32258 |
| | |
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| | |
| | |
| 7: Other provisions, if any. | |
| DUIRED SIGNATURE: | |
| is document is executed in accordance v | n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware tent to the Department of State constitutes a third degree fe |
| | - ; ; |
| IATTHEW P. MCCLURE | |
| Тур | Organization and Designation of Registered |
| Тур | Filing Fees Organization and Designation of Registered |
| Typ 125.00 Filing Fee for Articles of | Filing Fees Organization and Designation of Registered |