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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## COVER LETTER

| TO: New Filing Section Division of Corporations   |  |   |
|---|--|---|
| SUBJECT: Britebox LLC   |  |   |
| (Name of Result   | ing Florida Limite                       | ed Company)   |
| The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited Liab                                     | of Organizatio                           | on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerning t   | his matter to:                           |   |
| Barbara Kahn, Corporate Paralegal, Vandeventer Blac   | k LLP                                    |   |
| (Contact Person)  |  |   |
| Vandeventer Black LLP   |  |   |
| (Firm/Company)  |  |   |
| 500 World Trade Center, 101 West Main St.   |  |   |
| (Address)   |  |   |
| Norfolk, VA 23510   |  |   |
| (City, State and Zip Code)  |  |   |
| bkahn@vanblacklaw.com   | <u> </u>                                 |   |
| E-mail Address: (to be used for future annual repor   | rt notifications)                        |   |
| For further information concerning this matte   | r, please call:                          |   |
| Barbara Kahn, Corporate Paralegal   | at ( <sup>757</sup>                      | ) 446-8544<br>(Daytime Telephone Number)  |
| (Name of Contact Person)  | (Area Code)                              | (Daytime Telephone Number)  |
| Enclosed is a check for the following amount dollars and drawn on a bank located in the Ur                                      | : (All checks prinited States)           | rocessed by this office must be payable in US   |
|   | □\$180.00 Filing I<br>and Certified Copy |   |
| STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | New Fil<br>Division<br>P. O. Bo          | ING ADDRESS: ling Section n of Corporations ox 6327 ssee, FL 32314                    |

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## **Articles of Conversion**

For

2018 DEC 26 AM 8:51

Into SECRETARY OF COME 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:  Britebox LLC  |
|---|
| (Enter Name of Other Business Entity)   |
| limited liability company  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   |
| First organized, formed or incorporated under the laws of   |
| 10/13/2016 (date of organization, formation or incorporation)   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Britebox LLC   |
| (Enter Name of Florida Limited Liability Company)   |
| 4. If not effective on the date of filing, enter the effective date: December 28, 2018  (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 day of December  | _2018  |
|--|--|
| Signature of Authorized Representative of Limit  | ted Liability Company:   |
| Signature of Authorized Representative:  Printed Name: Joey Lin  | Title: President   |
| Signature(s) on behalf of Other Business Entity:   |  |
| Signature: Josey Law   | Title: 1255 plant  |
| Signature:Printed Name:  | Title:   |
| Signature:Printed Name:  | _ Title:   |
| Signature:Printed Name:  | - 2  |
| Signature:Printed Name:  | lifle' ill   |
| 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 | corporator must sign.  |
| Signature of one General Partner.  |  |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.   | y Limited Partnership:   |
| All others: Signature of an authorized person.   |  |
| Fees:  |  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:  | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name   | e:  |  |  |                                    |
|--|---|--|--|------------------------------------|
| The name of the Lim  | nited Liability Company   | y is:  |  |                                    |
| Britebox LLC   |   | ATT C TOWN ICE   |  |                                    |
| (Must  | contain the words "Limited Li   | ability Company, "L.L.C.," or "LLC.")  |  |                                    |
| ARTICLE II - Add The mailing address                         | ress: and street address of th  | e principal office of the Limited  | 1 Liability Comp   | any is:                            |
| Principal Office Ad  |   | Mailing Address:   |  |                                    |
| 2 Wisconsin Circle, Suit                                     | te 700  | 2 Wisconsin Circle, Suite 700  |  |                                    |
| Chevy Chase, MD 2081   |   | Chevy Chase, MD 20815-7007   | 7  |                                    |
|  |   |  | <del></del>  |                                    |
| business entity with an act                                  | tive Florida registration.)  orida street address of t  Corporation Service Compa                     | Registered Agent. You must designate an in<br>the registered agent are:<br>ny  | SECRE LARY FALLAHASSEF                                       | FILE                               |
|  | 1201 Hays Street  |  | TO A   | Ш                                  |
|  | Florida street address (  | P.O. Box <u>NOT</u> acceptable)  | <u>.</u>   | U                                  |
| -  | Tallahassee   | FL 32301   | <u> </u>   | !<br>•                             |
|  | City  | Zip  |  |                                    |
| liability compar<br>registered agent ar<br>statutes relating | ny at the place designate nd agree to act in this co to the proper and compl gations of my position a | nd to accept service of process for this certificate, I hereby accompacity. I further agree to comply lete performance of my duties, and segistered agent as provided for Gloria Nash Assistant VP | cept the appointmy<br>with the provisi<br>ad I am familiar v | nent as<br>ions of all<br>with and |

(CONTINUED)

| Title:                                     | Name and Address:   |
|--|---|
| "AMBR" = Authorized Member                 |   |
| "MGR" = Manager                            | Dath Order Marsha Marker  |
| AMBR                                       | Patrick Carlson, Managing Member  |
|  | 2 Wisconsin Circle, Suite 700   |
|  | Chevy Chase, MD 20815-7007  |
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| (Use attachment if necessary)              | . ~.  |
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| LE V: Other provisions, if any.            | 2018 DEC<br>SECRET<br>FALT AHA  |
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|  |   |
|  |   |
| REQUIRED SIGNATURE:                        |   |
| Pho  |   |
| Si-stand of a mamban an                    | on authorized representative of a member  |
| This document is executed in accordance    | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awar |
| any false information submitted in a docur | ment to the Department of State constitutes a third degree  |
| as provided for in s.817.155, F.S.         |   |
| Patrick Carlson, Managing Member           |   |
| Ту   | ped or printed name of signee   |
| •  | Filing Fees   |

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