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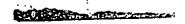
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#### **COVER LETTER**

	ng Section of Corporations					
SUBJECT: Sma	rt Sets LLC					
	(Name of Re	sulting Florida Limit	ed Con	npany)		
				d fees are submitted to convectordance with s. 605.1045,		
Please return all	correspondence concernit	ng this matter to:				
Laura Comino						
	(Contact Person)				<u></u>	:
Smart Sets					9 % 8	
	(Firm/Company)				19 MAR I	 
1575 S Banana Rive	er Dr					
	(Address)				9 MAR II PM 34	) ) )
Merritt Island, Flori	da 32952				မှာ ၌	ر م
	(City, State and Zip Code)				19 3: 15	2
Laura@homenation	.com				•/	r
E-mail Address:	(to be used for future annual r	eport notifications)				
For further infor	mation concerning this ma	atter, please call:				
Laura		at (	524-5	741		
(Name of	Contact Person)	(Area Code)	(Day	rtime Telephone Number)		
	eck for the following amo n on a bank located in the	•	rocess	sed by this office must be pay	yable in US	
■ \$150.00 Filing F (\$25 for Conversion & \$125 for Articles of Organization)	Tees	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDI New Filing Secti Division of Corp Clifton Building 2661 Executive	on porations	New Fi Divisio P. O. B	ling S n of C ox 631	Corporations		

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Smart Sets LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (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)
12/04/2017
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Smart Sets 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.)
<u>Note:</u> 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 26th day of February	_ 20 <u>19</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Jason Miller	Title: Owner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Jan Willes	•
Printed Name ason Miller	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	Officer
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability 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 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Smart Sets LLC	**	
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Liabilit	y Company is:
Principal Office Address:	Mailing Address:	
1575 S Banana River Dr, Merritt Island, Florida	1575 S Banana River Dr, Merritt Island,	
32952	Florida 32952	<del></del>
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	gistered Agent. You must designate an individual o	
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	gistered Agent. You must designate an individual o	r <sub>e</sub> another
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	rgistered Agent. You must designate an individual or registered agent are:	r <sub>e</sub> another
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Home Nation	rgistered Agent. You must designate an individual or registered agent are:	r <sub>e</sub> another
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Home Nation COCOA Na	registered Agent. You must designate an individual or need agent are:	Tranother 19 MAR   1
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Home Nation COCA  Na  3737 US 1	registered Agent. You must designate an individual or need agent are:	r <sub>e</sub> another
The name and the Florida street address of the  Home Nation COCOA  Na  3737 US 1	registered Agent. You must designate an individual or need agent are:	Tranother / DIVISION OF CORED

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)

#### 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	T A201
AMBR	Jason Miller 1575 S Banana River Dr. Merritt Island, Florida
	32952
	32932
AMBR	Laura Comino
	1575 S Banana River Dr, Merritt Island, Florida
	32952
<del></del>	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
LE V. Other providing if any	
<b>LE V:</b> Other provisions, if any.	
REQUIRED SIGNATURE:	
Jason Mille	
Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware the innent to the Department of State constitutes a third degree felo
Jason Miller	
Ту	yped or printed name of signee
	Kiling Rose

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)