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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Ďo | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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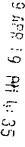
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COVER LETTER

| TO: New Filing Division of | Section Corporations | | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------|
| SUBJECT: Fixin Fo | • | | |
| SOBJEC1 | | sulting Florida Limited Co | ompany) |
| The enclosed Articl Business Entity" in | es of Conversion, Artic o a "Florida Limited L | cles of Organization, a iability Company" in | nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S. |
| Please return all cor | respondence concernir | ng this matter to: | |
| Laurence Krost | | | |
| | (Contact Person) | | |
| Fixin Fella | | | 24 00 TU 65 70 25 |
| | (Firm/Company) | <u> </u> | gi |
| 11405 Sandstone Hill T | err | | <u> </u> |
| | (Address) | _ | |
| Boynton Beach FL 334 | 7,3 | | #: XX |
| | (City, State and Zip Code) | | ∵ |
| Larrykrost@gmail.com | | | |
| E-mail Address: (to | be used for future annual re | port notifications) | |
| For further informat | ion concerning this ma | tter, please call: | |
| Laurence Krost | | _at (561)5235 | 800 |
| (Name of Cont | act Person) | (Area Code) (Da | ytime Telephone Number) |
| Enclosed is a check dollars and drawn or | for the following amou a bank located in the | int: (All checks proces United States) | sed by this office must be 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 A | ADDRESS: |
| New Filing Section | | New Filing S | |
| Division of Corporat Clifton Building | ions | Division of C P. O. Box 63 | |
| 2661 Executive Cen | ter Circle | Tallahassee. | |

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 Fixin Fella Inc. | the filing of the Articles of Conversion is: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a corporation | P17000663447 |
| (Enter entity type. Example: corporation, limited partnership, go | eneral partnership, common law or business trust, etc. |
| First organized, formed or incorporated under the laws of | |
| (Enter state, o | or if a non-U.S. entity, the name of the country) |
| 07/26/2017 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: |
| Fixin Fella (LC | |
| (Enter Name of Florida Limited Liability Company | <u> </u> |
| 4. If not effective on the date of filing, enter the effective date: | 11/2019 |
| (The effective date: Cannot be prior to date of receipt or filed d | late nor more than 90 calendar days after |
| the date this document is filed by the Florida Department of St | tate.) |
| Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records. | ing requirements, this date will not be listed as the |
| 5. The plan of conversion has been approved in accordance with al | l 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 | | |
| | ative of Limited Liability Company: | |
| Signature of Authorized Representative Printed Name: Laurence Krost | ve: Title: WGR | |
| | ness Entity: See below for required signature(s) |)] |
| <i>V</i> | | |
| Printed Name: Thatese Kros | Title: toucht for fx: | Fella Inc |
| Signature: | Title: | <u>_</u> |
| | | |
| Signature:Printed Name: | Title: | <u> </u> |
| Signature: | Title: | |
| Printed Name: | Title: | |
| Signature: | | 믔 |
| Printed Name: | Title: | — |
| Signature: | | Si-1. |
| Printed Name: | Title: | 용작 |
| If Florida Corporation: | | |
| Signature of Chairman, Vice Chairman, | Director, or Officer. | |
| If Directors or Officers have not been se | elected, an Incorporator must sign. | co 뷁 |
| If Florida General Partnership or Lin Signature of one General Partner. | nited Liability Partnership: | |
| signature of one General Farther. | | |
| If Florida Limited Partnership or Lim Signatures of <u>ALL</u> General Partners. | nited Liability Limited Partnership: | |
| All others: Signature of an authorized person. | | |
| Fees: | | |

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| Fixin Fella LLC | | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Mu. | st contain the words "Limited Lia | bility Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Ad | dress: | | |
| The mailing addres | s and street address of the | e principal office of the Limited L | iability Company is: |
| Principal Office A | ddress: | Mailing Address: | |
| Laurence Krost | | Laurence Krost | |
| | 72.70.41 | | |
| 11405 Sandstone Hill [| Ferr | 14405 Sandstone Hill Terr | |
| Boynton Beach, FL 33- ARTICLE III - Re (The Limited Liability Co | 473 egistered Agent, Registe | Boynton Beach FL 33473 red Office, & Registered Agent' egistered Agent. You must designate an indiv | s Signature: |
| ARTICLE III - Ro (The Limited Liability Co- business entity with an a | egistered Agent, Registe ompany cannot serve as its own R ctive Florida registration.) | Boynton Beach FL 33473 red Office, & Registered Agent' egistered Agent. You must designate an indiv | s Signature: cidual or another |
| ARTICLE III - Ro (The Limited Liability Co- business entity with an a | egistered Agent, Registeronpany cannot serve as its own Roctive Florida registration.) Florida street address of the Laurence Krost | Boynton Beach FL 33473 red Office, & Registered Agent' egistered Agent. You must designate an indiv | ridual or another |
| ARTICLE III - Ro (The Limited Liability Co- business entity with an a | egistered Agent, Registeronpany cannot serve as its own Roctive Florida registration.) Florida street address of the Laurence Krost | Boynton Beach FL 33473 red Office, & Registered Agent' egistered Agent. You must designate an indiv ne registered agent are: | SECRETARY OF CORRECT O |
| ARTICLE III - Ro (The Limited Liability Co- business entity with an a | egistered Agent, Registerompany cannot serve as its own Rective Florida registration.) Florida street address of the Laurence Krost No. 11405 Sandstone Hill Terr | Boynton Beach FL 33473 red Office, & Registered Agent' egistered Agent. You must designate an indiv ne registered agent are: | SECRETARY OF STANDERS OF CORRESPONDED TO SECRETARY OF STANDERS OF CORRESPONDED TO SECRETARY OF STANDERS OF STANDER |
| ARTICLE III - Ro (The Limited Liability Cobusiness entity with an a | egistered Agent, Registerompany cannot serve as its own Rective Florida registration.) Florida street address of the Laurence Krost No. 11405 Sandstone Hill Terr | red Office, & Registered Agent' egistered Agent. You must designate an indivine registered agent are: | SECRETARY OF CORRECT O |

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.,

(CONTINUED)

cred Agent's Signature (REQUIRED)

ARTICLE IV-

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

| | Name and Address: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MAR | Laurence Krost |
| | 11405 Sandstone Hill Terr |
| | Boynton Beach FL 33473 |
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| CLE V: Other provisions, if any. REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE: Signature of a member or | an authorized representative of a member |
| REQUIRED SIGNATURE: Signature of a member or This document signature of in accordance | an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware tha |
| REQUIRED SIGNATURE: Signature of a member or This document si executed in accordance any false information submitted in a document of the state o | with section 605,0203 (1) (b). Florida Statutes, Lam aware the |
| REQUIRED SIGNATURE: Signature of a member or This document signature of in accordance | with section 605,0203 (1) (b). Florida Statutes, Lam aware the |
| REQUIRED SIGNATURE: Signature of a member or This document seexecuted in accordance any false information submitted in a document as provided for in s.817.155, F.S. Laurence Krost | with section 605.0203 (1) (b), Florida Statutes, I am aware tha ment to the Department of State constitutes a third degree felor |
| REQUIRED SIGNATURE: Signature of a member or This document seexecuted in accordance any false information submitted in a document as provided for in s.817.155, F.S. Laurence Krost | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware tha ment to the Department of State constitutes a third degree felon ped or printed name of signee |

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)