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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

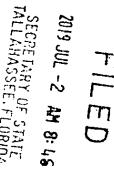
DATE 7/3/2019		<i>⇔WALK II</i>
ENTITY NAME VOGLIO	, LLC	**************************************
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION	N	
NUMBER OF CERTIFICATI	FS REQUESTED	
TOTAL OWED \$150.00	СНЕСК # ⁶³¹⁴	<u> </u>
Please call Tina at the	above number for any issues or concerns. Thank you	so much!

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.

I. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Voglio, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
08/04/2017
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Voglio, 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 2nd day of July	_ 20 19
Signature of Authorized Representat	/)
Signature of Authorized Representative Printed Name: Shady Farah	:
<u> </u>	ss Entity: [See below for required signature(s)]
Signature:	
Printed Name: Shady Farah	Title: Authorized Representative
Signature:Printed Name:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, If Directors or Officers have not been se If Florida General Partnership or Lim Signature of one General Partner.	lected, an incorporator must sign.
If Florida Limited Partnership or Line Signatures of <u>ALL</u> General Partners.	nited Liability Limited Partnership:
All others: Signature of an authorized person.	
Fces:	
Articles of Conversion: Fees for Florida Articles of Org Certified Copy: Certificate of Status:	\$25.00 ganization: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limite	d Liability Company is:			
Voglio, LLC	tain the words "Limited Liabilit	Cammany "I	LC "ar "LLC")	
(Must con	tain the words "Limited Liabilit	гу Сонфану, т	L.C., Or LLC.	
ARTICLE II - Address and The mailing address and	s: d street address of the pa	rincipal offic	ce of the Limited	Liability Company is:
Principal Office Addr	ess:	Mailing A	Address:	
194 Calumet Dr., Saint John	is, FL 32259	194 Calum	et Dr., Saint Johns,	FL 32259
ARTICLE III - Regist (The Limited Liability Compar- business entity with an active The name and the Flori	ry cannot serve as its own Regis Florida registration.)	stered Agent, Yo	u must designate an ir	nt's Signature: idividual or another
	Nam	ie		
	Calumet Dr.) D N/AT		
Fl	orida street address (P.C). Box <u>NOT</u>	acceptable)	
Sair	nt Johns	FL	32259 Zip	
	City		Zip	
liability company registered agent and statutes relating to t	at the place designated i agree to act in this capac	n this certific city. I furthe, performance gistered age	rate, I hereby acc r agree to comply e of my duties, an nt as provided fo	y with the provisions of all did I am familiar with and

(CONTINUED)

Title;	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Shady Farah 194 Calumet Dr., Saint Johns, FL 32259		
	194 Cammer Dr., Sami Johns, FL 32233		
(Use attachment if necessary)			
LE V: Other provisions, if any.			
 			
REQUIRED SIGNATURE:			
REQUIRED SIGNATURE:			
102			
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware to the Department of State constitutes a third degree fel		
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155. F.S. Shady Farah, Authorized Member	with section 605.0203 (1) (b). Florida Statutes, I am aware to the Department of State constitutes a third degree fel		
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155. F.S. Shady Farah, Authorized Member	with section 605,0203 (1) (b). Florida Statutes, I am aware t		

ARTICLE IV-