(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
1319-98	838	

Office Use Only



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FILED

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Incorporating Services, Ltd.

3500 S DuPont Highway Dover, DE 19901 302.531.0855

Fax: 302.531.3150 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

> Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 11/7/2019

PRIORITY

Regular Approval

OUR REF # (Order ID#) 780222

ORDER ENTITY

THE PRODUCT ORCHARD LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

THE PRODUCT ORCHARD LLC (FL)

File the attached conversion document and Articles of Organization and provide a Certificate of Status.

NOTES:

NOTES: \$155.00 Authorized - Please honor the original submission date as the file date? Email address for annual report reminders: productorchard@gmail.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, November 12, 2019 Page 1 of 1

Articles of Conversion

For

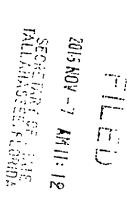
"Other Business Entity"

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.

The Product Orchard LLC
(Enter Name of Other Business Entity)
LLC
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
First organized, formed or incorporated under the laws of
June 28,2012
on
on
The Product Orchard LLC (Enter Name of Florida Limited Liability Company)
filing date
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



Signe	d this 6th day of November		
Sign	nture of Authorized Representative of Jon	nited Liability Company:	
Signa	nure of Authorized Representative: ///	Title: Cours	
	terre(s) on Manail of Other Business Entity:	[See below for required signature(s)]	
Signa	ture May Mar		Wola
rmate	d Name: Bran M. Scarcle	Title Owner	11715
Printe	ture:d Name:	Title:	
		118c	
Signat	ture:		
Printe	d Name:	Trtle:	
Signat	ше		
runto	d Name:	Trtle:	
Sionat	TITE'		
Printe	ure: d Name:	Title	
Signat	me:		
Printe	d Name:	Title;	
Signat	rida Corporation: ure of Chairman, Vice Chairman, Director, or ectors or Officers have not been selected, an In	Officer. comporator must sign.	
	nida General Partnership or Limited Liabili me of one General Partner.	ity Partnership:	
	rida <u>Limited Partnership or Limited Liabiti</u> ures of <u>ALL</u> General Partners.	ity Limited Partnership:	
All off Signat	ners: ure of an authorized person.		
Fees:			
	Articles of Conversion:	\$25.00	
	Fees for Florida Articles of Organization:	\$125.00	
	Certified Copy:	\$30.00 (Optional)	
	Certificate of Status:	\$5.00 (Optional)	
		· •	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Product Orc	hard LLC		
(Mu	st contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	_
ARTICLE 11 - Ad	dress:	e principal office of the Limited Liability (Company is:
Principal Office A	ddress:	Mailing Address:	
50 Orchard Ct.		50 Orchard Ct.	
Palm Harbor, FL 3468	3	Palm Harbor, 1-1, 34683	-
business entity with an a	ompany cannot serve as its own R ctive Florida registration.)	red Office, & Registered Agent's Signal egistered Agent. You must designate an individual or an	ture: other
business entity with an a	ompany cannot serve as its own R ctive Florida registration.) Florida street address of the Brian M.Scevola	registered Agent. You must designate an individual or an	ture: other
business entity with an a	ompany cannot serve as its own R ctive Florida registration.) Florida street address of the Brian M.Scevola	egistered Agent. You must designate an individual or an	ture: other
business entity with an a	ompany cannot serve as its own R ctive Florida registration.) Florida street address of the Brian M.Scevola	registered Agent. You must designate an individual or an	ture: other
business entity with an a	ompany cannot serve as its own R ctive Florida registration.) Florida street address of the Brian M.Scevola No. 50 Orchard Ct.	registered Agent. You must designate an individual or an	ture: nother
business entity with an a	ompany cannot serve as its own R ctive Florida registration.) Florida street address of the Brian M.Scevola No. 50 Orchard Ct.	egistered Agent. You must designate an individual or an ne registered agent are: ame P.O. Box NOT acceptable) FL 3-4683	ture: nother
business entity with an a	ompany cannot serve as its own Rective Florida registration.) Florida street address of the Brian M.Scevola No. 50 Orchard Ct. Florida street address (Inc.)	egistered Agent. You must designate an individual or an ne registered agent are: ame P.O. Box NOT acceptable)	ture: nother

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
IN CODE NO	
"MGR" = Manager	
MGR	Brian M.Scevola
	50 Orchard Ct.
	Palm Harbor, FL 34683
	
	
	
(1. f	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
	3///
	Vo har
REQUIRED SIGNATURE:	an authorized representative of a member
Signature of a member or This document is executed in accordance	an authorized representative of a member
Signature of a member or This document is executed in accordance any false information submitted in a document.	e with section 605.0203 (1) (b) Florida Statutes, I am aware
Signature of a member or This document is executed in accordance	e with section 605.0203 (1) (b) Florida Statutes, I am aware
Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	ran authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware tument to the Department of State constitutes a third degree for
Signature of a member or This document is executed in accordance any false information submitted in a document.	e with section 605.0203 (1) (h) Florida Statutes, Lam aware
Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S. Brian M. Scevola	e with section 605.0203 (1) (b) Florida Statutes, I am aware
Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S. Brian M. Scevola	with section 605.0203 (1) (b), Florida Statutes, I am aware tument to the Department of State constitutes a third degree fe typed or printed name of signee
Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S. Brian M. Scevola	yped or printed name of signee Filing Fees
Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S. Brian M. Scevola	yped or printed name of signee Filing Fees of Organization and Designation of Registered