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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(01), 01010-2, 11110-1111				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE SPECKET TARY OF STATE SIVISION TO PROPERTIONS

COVER LETTER

TO:	New Filing Se Division of Co				
SUBJ	ECT:	Moonshadou (Name of Res	w Enterprise	s hhC	
				d fees are submitted to conceordance with s. 605.1045	
Pleaso	e return all corre	espondence concerning	g this matter to:		
	Linda 1	(Contact Person)			
	405 Pu	(Firm/Company) oin se Hia R (Address)	d		มหรียัง
	Lonscha	one Beach Fl City. State and Zip Code) a Her a gra e used for future annual rej	(1.com		SO AHII: 53
		on concerning this mat Man Her ct Person)	at (908) 2	68-8572 rtime Telephone Number)	<i>?</i> ₹
		or the following amou a bank located in the		sed by this office must be p	ayable in US
(\$25 fc & \$125	60.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status	
New I Divis Clifto	EET ADDRESS Filing Section ion of Corporation on Building Executive Cent	ions	MAILING A New Filing S Division of O P. O. Box 63 Tallahassee,	Section Corporations 27	

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.

Moon Shadow Enter Ofises 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 Pennsylvania (Enter state, or if a hon-U.S. entity, the name of the country)
on Feb 19 2018 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Moon shadow Enterprises 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 26th day of October	20 19
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: White Printed Name: Linda M. Schnatte	ida M. Achnatte Tille: Managing Menbe
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: ARAG Printed Name: A Robert Schnatter	Title: Men ber
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature: Printed Name:	Title
Signature:Printed Name:	_ Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or 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.	ty 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:

The name of the Limited Liability Company is:

	international 110
Moon Shadow E (Must contain the words "Limited Liability Contains the words "Liability Contains the word	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Mel hourne Brach Fla 32951	405 Poinsettia Rd Melbourne Beach, Fla 32951
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the reg	gistered agent are:
Linda M. Sc Name	Linatter 9 8
405 Peinsett: Florida street address (P.O. I	
Melbourne Beach City	FL 32951 25 25 25 25 25 25 25 25 25 25 25 25 25
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR Authorized Member MGR Authorized Member	A. Robert Schnatter 405 Poinsettia Rd. Melbourne Brach, Fla 3295 A. Robert Schnatter 405 Poinsettia Rd Melbourne Beach, Fla 3295/		
	19 OC 30 Ai II: 53		
(Use attachment if necessary) ICLE V: Other provisions, if any.	#ii 1: 53		
REQUIRED SIGNATURE: Signature of a member of	Achnatte an authorized representative of a member		
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony		
Linda M. So	rped or printed name of signee		

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)