LZW000052633

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

Office Use Only



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| TO: | New Filing So Division of C | | | | |
|---|---|---|---|----------|--|
| SHR | JECT: S&SHo | oldings LLC | | | |
| 300 | | (Name of Res | ulting Florida Limite | d Con | npany) |
| | | | | | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Pleas | se return all corre | espondence concerning | g this matter to: | | |
| Neko | Sidwell | | | | |
| | | (Contact Person) | | | |
| | | (Firm/Company) | | | |
| P.Q. | Box 332 | | | | |
| | | (Address) | | | |
| Winte | er Haven, FL 3388 | 32 | | | |
| | | City, State and Zip Code) | | | |
| | in@bodhicm.com | | | | |
| E- | -mail Address: (to b | e used for future annual re | port notifications) | | |
| For f | urther informati | on concerning this ma | tter, please call: | | |
| Kryst | tal Sidwell | | _at (<u>************************************</u> | 3689 | 407 |
| | (Name of Conta | ect Person) | (Area Code) | (Day | rtime Telephone Number) |
| | | or the following amou a bank located in the | ` . | rocess | sed by this office must be payable in US |
| (\$25 : & \$12 | 50.00 Filing Fees for Conversion 25 for Articles ganization) | ☐\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing and Certified Cop | | ☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status |
| STREET ADDRESS: | | | | ADDRESS: | |
| New Filing Section | | New Filing Section | | | |
| Division of Corporations Clifton Building | | Division of Corporations P. O. Box 6327 | | | |
| 2661 Executive Center Circle | | Tallahassee, FL 32314 | | | |

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.

| (Enter Name of Other Business Entity) | |
|---|------|
| Corporation 2. The "Other Business Entity" is a | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, e | tc.) |
| First organized, formed or incorporated under the laws of | |
| 12/30/1993 | |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization | |
| (Enter Name of Florida Limited Viability Company) | _(|
| (Enter Name of Florida Limited Hiability 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.) | 31 |
| 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. | |
| The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount twhich such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | .О |
| 202 | |

| Signed this 17 day of February | 20 <u>20</u> |
|---|-------------------------------------|
| | |
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: | 1.1.1// |
| Signature of Authorized Representative: | , MCC |
| Printed Name: Neko Sidwell | litle: MGR |
| | |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s) |
| Signature: Mik Sichell | |
| Printed Name: Neko Sidwell | Title: President |
| Printed Name; Nexo oldweii | Title. Tresident |
| Signatura | |
| Signature:Printed Name: | Title: |
| Trined (Vaine. | |
| Signature: | |
| Signature: Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| | |
| If Florida Corporation: | 0.07 |
| Signature of Chairman, Vice Chairman, Director, or | |
| If Directors or Officers have not been selected, an Inc | corporator must sign. |
| TOTAL CLASS Development of the field by billion | A. Dunda analisa |
| If Florida General Partnership or Limited Liabili | ty Partnersnip: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership |
| Signatures of <u>ALL</u> General Partners. | ty Eminted Farthersing. |
| Signatures of AREE Ocherar Farmers. | |
| All others: | |
| Signature of an authorized person. | |
| Signature of an administration | |
| 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) |
| · · · | 5 4 6 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compa | | |
|---|---|--|
| CERSHOLENGERE 345 Hol | dings of Central Florida LL | |
| (Must contain the words "Limited | Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of | the principal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 1950 1st Street N | P.O. Box 332 | |
| Winter Haven, FL 33880 | Winter Haven, FL 33882 | |
| business entity with an active Florida registration.) The name and the Florida street address o | | |
| | Name | |
| 1013 Robing Lane | | |
| Florida street address | orida street address (P.O. Box NOT acceptable) | |
| Winter Haven | [F]_ 33884 | |
| City | Zip | |
| liability company at the place design registered agent and agree to act in this statutes relating to the proper and com | t and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S. | |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

Neko Sidwell

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 | |
| MGR | Neko Sidwell |
| | P.O. Box 332 |
| | Winter Haven, FL 33882 |
| MGR | Krystal Sidwell |
| | P.O. Box 332 |
| | Winter Haven, FL 33882 |
| MGR | Trever Seckinger |
| | P.O. Box 332 |
| | Winter Haven, FL 33882 |
| MGR | Cassandra Seckinger |
| | P.O. Box 332 |
| | Winter Haven, FL 33882 |
| (Use attachment if necessary) CLE V: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | |
| This document is executed in accordan | or an authorized representative of a member ace with section 605.0203 (1) (b). Florida Statutes, I am aware the cument to the Department of State constitutes a third degree felo |

Typed 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)