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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Name | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

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SEGRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2020

BRUCE COBB 2649 BRITT ROAD MT DORA, FL 32757

SUBJECT: ARC GREENHOUSES, LLC

Ref. Number: W20000021148

We have received your document for ARC GREENHOUSES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 820A00005104

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2020

BRUCE COBB 2649 BRITT ROAD MT DORA, FL 32757

SUBJECT: ARC GREENHOUSES, LLC

Ref. Number: W20000021148

We have received your document for ARC GREENHOUSES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

PLEASE GIVE US THE COMPLETE EFFECTIVE DATE OF THE ORIGINAL LLC.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 720A00004293

2020 MAR - 6 PM 3: 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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a |
| First organized, formed or incorporated under the laws of |
| on 6/90/2 10/9/2:012 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| ARC GREENHASS, LLC (Enter Name of Florida Limited Liability Company) |
| (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 |

2020 MAR 12 AM 7: 39
SECRETARY OF STATE
TALLAHASSEE, FATE

| Signed this day of _FFBUFAFf_ | _20 <i>_20</i> _ | | | |
|---|--|--------------|--------------|---|
| Signature of Authorized Representative of Limit | red Liability Company: | | | |
| Signature of Authorized Representative: | Pittle: | <u></u> | | |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s)] | | | |
| Signature: BRUCK COBS, MOR | 7 2/1 ide: | - | | |
| / | | | | |
| Signature: Printed Name: | | | | |
| Signature:Printed Name: | Title: | - | | |
| Signature:Printed Name: | | _ | | |
| | | | | |
| Signature: Printed Name: | | | | |
| Signature:Printed Name: | | _ | | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | Officer. | | | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | v Partnership: | | | |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y Limited Partnership: | (0.) | ~- | |
| All others: Signature of an authorized person. | | MLL M | 2020 MAR 1 5 | F |
| Fees: | | COLOR | U | Z |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | ATT 7:39 | | 7 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|---|
| ARC GREAVHOUSE (Must contain the words "Limited Liability Com | S, LCC. pdny, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the princip | oal office of the Limited Liability Company is: |
| Principal Office Address: Ma | ailing Address: |
| 2649 BONT DOAD G | J649 BRITT RUAD TT DORA, FI 32757 |
| ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered A business entity with an active Florida registration.) | ice, & Registered Agent's Signature: Agent. You must designate an individual or another |
| The name and the Florida street address of the regist | ered agent are: |
| BRUCE COBI Name | 8, mcrm |
| Name | |
| 2649 BATT | T ROAD |
| Florida street address (P.O. Box | (<u>NOT</u> acceptable) |
| MT DORA | FL 32757 |
| City | Zip |
| Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity. I statutes relating to the proper and complete perfo accept the obligations of my position as register | certificate, I hereby accept the appointment as I further agree to comply with the provisions of all reparce of my duties, and I am familiar with and |
| | |
| Registered Agent's Signature | e (REQUIRED) |
| (CONTINUET | PILE AM FORE MAR 12 AM FALLAHASSEE. |

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Member "MGR" = Manager MGR | BRICK COBB, MORM 2649 BRATT POAD MT DOCA FI 32757 |
| | |
| | |
| (Use attachment if necessary) | |
| RTICLE V: Other provisions, if any. | |
| DECLUDED SIGNATIONS | |
| REQUIRED SIGNATURE: | M.GRM SE SE |

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

BRUCE COSB M6K Typed or printed name of signee

as provided for in s.817.155, F.S.