

| (Re | equestor's Name) |
|-------------------------|------------------------|
| (Ad | ddress) |
| (Ad | ddress) |
| (Cit | ty/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Bu | isiness Entity Name) |
| (Do | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
| | |
| $\omega \chi$ | -14796 |

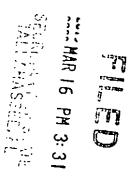
Office Use Only

K PAGE --- MAR 1787 2020



600338947616

01/17/26--01008--003 **150.00



COVER LETTER

| Division of Corporations | | | | |
|---|------------------------------------|---|--|--|
| SUBJECT: Show Me Don't Tell Me, LLC | | | | |
| (Name of Re | esulting Florida Limit | ed Con | ipany) | |
| The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I | | | | |
| Please return all correspondence concerni | ng this matter to: | | | |
| D. Mathew Blackburn | | | | |
| (Contact Person) | | - | | |
| The Law Office of D. Mathew Blackburn | | | | |
| (Firm/Company) | | - | | |
| 9800 Mount Pyramid Ct. Ste. 400 | | | | |
| (Address) | | - | | |
| Englewood, CO 80112 | | | | |
| (City, State and Zip Code) | | - | | |
| mathew@dmblackburn.com | | | | |
| E-mail Address: (to be used for future annual | report notifications) | - | | |
| For further information concerning this m | atter, please call: | | | |
| D. Mathew Blackburn | at (⁷²⁰ | ,491-1 | 639 | |
| (Name of Contact Person) | (Area Code) | (Day | time Telephone Number) | |
| Enclosed is a check for the following amodollars and drawn on a bank located in the | • | process | sed by this office must be payable in US | |
| ■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status | ☐\$180.00 Filing and Certified Cop | | ☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status | |
| Mailing Address: | | | Address: | |
| New Filing Section Division of Corporations | | New Filing Section Division of Corporations | | |
| P.O. Box 6327 | | | Centre of Tallahassee | |
| Tallahassee, FL 32314 | | | N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2020

D. MATTHEW BLACKBURN 9800 MOUNT PYRAMID CT, STE 400 ENGLEWOOD, CO 80112

SUBJECT: SHOW ME DONT TELL ME, LLC

Ref. Number: W20000014296

We have received your document for SHOW ME DONT TELL ME, 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is a limited partnership or business entity, an authorized person must sign the certificate of conversion.

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: 220A00003133

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 8.605.1045. Florida Statutes.

| 1. The name of the "Other Business Untity" immediately prior to the filing of the Articles of Conversion is: Show Me Don't Tell Me, 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. |
| |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| 04/17/2017 |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Show Me Don't Tell Me, 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 13th day of January | _ 20 <u>_ 2 °</u> | | | |
|---|---------------------------------------|------------------------|------|----------------|
| Signature of Authorized Representative of Limit | _ | | | |
| Signature of Authorized Representative: | phul 2 | | | |
| Printed Name: D. Mathew Blackburn | Title: Corporate Counsel | | | |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] | | | |
| Printed Name: Marcal Reseasist | | | | |
| Printed Name: Marcal Restable | Title: Marage / Almber | | | |
| Signature:Printed Name: | Title: | · - | | |
| | | | | |
| Signature:Printed Name: | Title: | | | |
| | | | | |
| Signature:Printed Name: | Title: | | | |
| Signature: | 72.1 | | | |
| Printed Name: | Title: | - | | |
| Signature:Printed Name: | Title: | | | |
| If Florida Corporation: | | | | |
| Signature of Chairman, Vice Chairman, Director, or | | | | |
| If Directors or Officers have not been selected, an In- | corporator must sign. | | | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: | | | |
| If Florida Limited Partnership or Limited Liabili | ty Limitad Partnarching | | | |
| Signatures of <u>ALL</u> General Partners. | O Elling Tarticipality. | | | |
| All others: | | | | |
| Signature of an authorized person. | | 150 150 | 1010 | |
| Fees: | | | MAR | COURT COURT |
| Articles of Conversion: | \$25.00 | 芸人 | 9 | PECT I |
| Fees for Florida Articles of Organization: Certified Copy: | \$125.00 \$30.00 (Optional) | in '- ∪i : Oi :- | P | f t |
| Certificate of Status: | \$5.00 (Optional) | | ယ | 7 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability | Company is: | | |
|---|---|---|---|
| Show Me Don't Tell Me, LLC (Must contain the words | s "Limited Liability Company | o, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street add | dress of the principal of | office of the Limite | ed Liability Company is: |
| Principal Office Add | <u>Maili</u> | ng Address: | |
| 17453 SW 19th St Miramar, FL 33029 | 17453 Miram | SW 19th St ar | |
| ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registr.) The name and the Florida street active D. Mathew Black | e as its own Registered Agen ration.) Idress of the registere | t. You must designate an | |
| | name | | |
| 17453 SW 19th | St address (P.O. Box <u>N</u> | OT accompable) | |
| Mirimar | | | |
| | City | 33029 Zip | |
| Having been named as registere liability company at the place registered agent and agree to acc statutes relating to the proper of accept the obligations of my p | e designated in this cer t in this capacity. I fin and complete perform | tificate. Thereby acther agree to compine of my duties, a agert as provided f | ecept the appointment as dy with the provisions of all and I am familiar with and |

(CONTINUED)

| | D | TI | CI | Ľ | IV_{-} |
|---|---|----|-----|-----|----------|
| - | n | | LI. | ıΓ. | 1 1 - |

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 | Marcos Rosenkjer | |
| IVIGR | 17453 SW 19th St | |
| | Mirimar, FL 33029 | |
| | William L C 00025 | |
| MGR , | Jhana Gottlieb | |
| | 17453 SW 19th St | |
| | Mirimar, Fi_ 33029 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | SE TANK |
| (Use attachment if necessary) | | > 10 - 3 38 |
| • | | MAR LLA |
| | | · · · · · · · · · · · · · · · · · · · |
| FICLE V: Other provisions, if any. | | ω ⁻ . |
| | | |
| | | ~ |
| | | <u> </u> |
| DEALINES CLONATIOE | | |
| REQUIRED SIGNATURE: | | |
| 1. redu /2 | | |
| 11.100 | | |

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

| D. Mathew Blackburn | | |
|---------------------|--|--|
| | | |
| | The of the single transfer of the same | |

Typed or printed name of signee.

Filing Fees