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(Requ	uestor's Name)	
(Addr	ess)	
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(Cir.)	Ctata /Zia /Ohana	-m
(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name	e)
(Dags	ument Number)	
(DOC)	iment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only

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COVER LETTER

Division of Corporation	ns			
SUBJECT: OCD Tronic Distrib	ution LLC			
30B0EC1	(Name of Resulting Florid	la Limited Cor	npany)	
The enclosed Articles of Conv Business Entity' into a "Florid				
Please return all correspondenc	ce concerning this matt	er to:		
Danielle Henriksen				
(Contact	Person)			
Sage International, Inc.				
(Firm/Co	ompany)			
1135 Terminal Way Ste 209				
(Add	ress)			
Reno NV 89502				
(City, State a	nd Zip Code)			
danielle@sageintl.com				
E-mail Address: (to be used for fi	uture annual report notificat	ions)		
For further information concer	ning this matter, please	call:		
Danielle Henriksen	at (⁷⁷⁵	_\ 786-5	5515	
(Name of Contact Person)	(Area	Code) (Day	time Telephone Number)	
Enclosed is a check for the foll dollars and drawn on a bank lo			ed by this office must be paya	ble in US
S150.00 Filing Fees \$25 for Conversion and Certification Status of Organization)		Filing Fees ed Copy	OS185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Address: New Filing Section Division of Corporation P.O. Box 6327	ıs	New I Divisi	Address: Filing Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: OCD Tronic Distribution LLC
(Enter Name of Other Business Entity)
The "Other Business Entity" is a
(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)
October 19, 2016
October 19, 2016 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
OCD Tronic Distribution 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 20 h day of May	
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative:	Title: Member
Signotions(s) on bobolf of Oak - Desires Desires	
Signature: Printed Name: Jon Smejkal	Title: Member
Cimatura	
Signature: Printed Name:	Title
	11110.
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	· · · · · · · · · · · · · · · · · · ·
Printed Name:	Title:
Signature;	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	0.55
If Directors or Officers have not been selected, an In	
and the second of the second s	oorporator must sign.
If Florida General Partnership or Limited Liabili	tv Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnershin:
Signatures of ALL General Partners.	
. 11	
All others: Signature of an authorized person.	
organization an audiorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
OCD Tronic Distribution LLC			
(Must contain the words "Limited Liability Co	ompany, "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:		
1246 NE 36th St	1246 NE 36th St		
Oakiand Park FL 33334	Oakland Park FL 33334		
ARTICLE III - Registered Agent, Registered Office (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 registere Business Filings Incorporate.	d Agent. You must designate an individual or another ed agent are:	2020 MAY -4 SEALL AHAY	
Name	 ;	를 <u>구</u>	4 1 4
1200 South Pine Island Rd		<u> </u>	
Fiorida street address (P.C	O. Box NOT acceptable)		
Plantation	FL 33324		
City	Zìp		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Jon Smejkal
	1246 NE 36th St
	Oakland Park FL 33334
(Use attachment if necessary)	
CLE V: Effective date, if other than effective date is listed, the date muster the date of filing.)	n the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 c
CLE VI: Other provisions, if any.	•
	
·	0 0 h : 2 i
IRED SIGNATURE:	Jon & Snejkal Signature of a member or an authorized representative
ordance with section 605.0205 (3), Fiorida to facts stated herein are true. I am aware the	Signature of a member or an authorized representative a Statutes, the execution of this document constitutes an affirmation under the penalties of that any false information submitted in a document to the Department of State constitutes a degree felony as provided for in s.817.155, F.S.)

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)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, OCD TRONIC DISTRIBUTION LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/19/2016, and is in good standing in this state.

Certificate Number: B20200423744815

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/23/2020.

BARBARA K. CEGAVSKE Secretary of State

Barbara K. Cegarste