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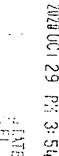
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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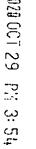
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Articles of Conversion For "Other Business Entity"

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: TEAK-OUT LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of FLOCIDA (Enter state, or if a non-U.S. entity, the name of the country)
on (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TEAK-OUT LLC
(Cara Nama of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 10/26/2020 (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 $2b$ day of $0CT$	OBER 20 20
Signature of Authorized Representat	tive of Limited Liability Company:
Signature of Authorized Representative Printed Name: <u>JOA Proeche</u>	Title: <u>OWNES</u>
	ess Entity: [See below for required signature(s)]
Signature:	
Printed Name: JAN Proch	e Title: OLUM
Signature	
Printed Name:	Title:
Signature: Printed Name:	Title:
Trinica Name.	True.
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	I itle:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, I	Director, or Officer.
If Directors or Officers have not been sel	ected, an Incorporator must sign.
If Florida General Partnership or Lim	itad Liability Partnerchine
Signature of one General Partner.	ned Elabinty Farthership:
If Florida Limited Partnership or Limi Signatures of <u>ALL</u> General Partners.	ited Liability Limited Partnership:
Signatures of ALL General Pariners.	
All others:	
All others: Signature of an authorized person.	
Fees:	
1.003.	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: 128 OCT 29 PH 3: 5:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	UT LC						
(Must contain the words	"Limited Liability Com	ipany, "L.L	C.,'' or "LLC.")				
ARTICLE II - Address:							
The mailing address and street add	fress of the princip	oal office	of the Limit	ed Liab	ility Co	mpany	is:
Principal Office Address:	<u>M</u> :	ailing A		,-			
18 N. Dollins AUR	4	901	5-0rl	ando) A	1.0	
OFIGNED FL		Na)	Hand.	FL 3	<u>'275</u> -	7	
3200	5			***		ļ	
ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registra The name and the Florida street ad	as its own Registered A ation.) dress of the regist	Agent, You	must designate a				
Jon	Proechel						
	Name						
	So orland						
	address (P.O. Box	k <u>NOT</u> a	cceptable)				
Maitly	nd 1	FL	3275	7			
•	City		Zip				
Having been named as registered liability company at the place registered agent and agree to act statutes relating to the proper a accept the obligations of my p	designated in this in this capacity. It nd complete performs to sition as register. Agent's Signature	certifican further of rmance of red agent (CE)	te, I hereby and agree to composite of my duties, as provided for the control of	ccept the ply with and I am	2 appoin the prov familia	itment o visions or vr with o	us of all and
	(CONTINUED))				÷.	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	Maithand FL 32751
	
	·
(Use attachment if necessary)	
•,	
EV: Other provisions, if any.	Jar Woch
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware ament to the Department of State constitutes a third degree for the section of the degree of the section of
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817-155. E.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ament to the Department of State constitutes a third degree for the constitution of
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817-155. E.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree for the constitutes are the constitutes as the constitutes are

ARTICLE IV-