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(Red	questor's Name)	
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	WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
	Office Use Only	Ý



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O: New Filing Section Division of Corporations			•	
JBJECT: Emerald Isle Alchemy, LLC				
(Name of B	tesulting Florida Limited Company	v)		

Please return all correspondence concerning this matter to:

	(Contact Person)
Emerald	(Firm/Company) O
707 E. Cervantes	Street, Suite B-108
	(Address)
Pensacola, FL 32	501
	(City, State and Zip Code)
jpupel@thedriver	s.com
E-mail Address	to be used for future annual report notifications

Joseph D Pupel	at ( <sup>612</sup>	804-9902
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
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# <u>Mailing Address:</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# <u>Articles of Conversion</u> For <u>"Other Business Entity"</u> 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: Emerald Alchemy, 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)

12/06/2016

on

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

Emerald Isle Alchemy, 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.)

<u>Note:</u> 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 74 day of DECEMBER	20
Signature of Authorized Representative of Ling	Red Liability Company:
Signature of Authorized Representative:	
Printed Name: Joseph D Pupel	Title: Officer
Signature(s) on behalf of Other Business Entity:	
Signature: Printed Name: Joseph D Pupel	
Printed Name: Joseph D Pupel	Title: Officer
Simulate	
Signature:	Title:
Signature:Printed Name:	Tiel
Signature:	
Printed Name:	Title:
Signature:	
Signature: 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	
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
<u>All others:</u> Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Emerald Isle Alchemy, LLC

(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:	<u>Mailing Address:</u>
707 E. Cervantes St	707 E. Cervantes St
Suite B-108	Suite B-108
Pensacola, FL 32501	Pensacola, FL 32501

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Joseph D Pupel	
Na	me
707 E. Cervantes St, Suite	B-108
Florida street address (P	P.O. Box <u>NOT</u> acceptable)
Pensacola	FL <sup>32501</sup>
City	Zip

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

· ·

The name and address of each person authorized to manage and control the Limited Liability Company:

•

 Title:
 Name and Address:

 "AMBR" = Authorized Member
 Joseph D Pupel

 "MGR
 Joseph D Pupel

 707 E. Cervantes St, Suite B-108

 Pensacola, FL 32501

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:	la
Signature of a member	r 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.

Joseph D Pupel

 Typed or printed name of signee

 Filing Fees

 S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

 \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)