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| | Requestor's Name) |
|----------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
| | |
| | |
| | |

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COVER LETTER

| TO: | New Filing Division of | Section Corporations | | | | |
|-------------------|--|---|------------------|---------------------------------|--------------------------|---|
| SURI | FCT: MULLI | NAX HOLDINGS, LLC | | | | |
| .,01,,, | | (Name of R | esultir | ng Florida L | imited Co | oinpany) |
| The ei Busin | nclosed Articless Entity" in | es of Conversion. Arti to a "Florida Limited I | cles Liabi | of Organiz lity Compa | ation, a my" in | and fees are submitted to convert an "Othe accordance with s. 605,1045, F.S. |
| Please | return all cor | respondence concerni | ig th | is matter t | o: | |
| Darya | Kovalska | | | | | |
| | | (Contact Person) | | | | |
| Dearth | Galat LLC | | | | | |
| | | (Firm/Company) | | | | |
| 2859 F | aces Ferry Ro | ad SE, Suite 1140 | | | | |
| | | (Address) | | | | |
| Atlanta | , GA 30339 | | | | | |
| | | (City, State and Zip Code) | | | | |
| | dgtaxlaw.com | | | | | |
| E-m | ail Address: (to l | be used for future annual re | port i | notifications |) | |
| For fur | ther informati | ion concerning this ma | tter. | please call | : | |
| Darya | Kovalska | | 21 | (404 | 341- | -5848 |
| | (Name of Cont | act Person) | _a. | (Area Coo | / le) | ytime Telephone Number) |
| Enclos dollars | ed is a check I and drawn or | for the following amou a bank located in the | int: (. Uniti | All checks ed States) | proces | sed by this office must be payable in US |
| \$25 for | .00 Filing Fees Conversion for Articles ization) | ☐\$155.00 Filing Fees and Certificate of Status | | \$180.00 Filir I Certified C | | ☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status |
| | Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, F | ection orporations 7 | | | New I Divisi The C | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

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.

| (Enter Name of Other Business Entity) | |
|--|-------|
| 2. 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 Georgia (Enter state, or if a non-U.S. entity, the name of the country) | |
| | |
| October 1, 2019 | |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizatio | n: |
| MULLINAX HOLDINGS, 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 aft 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. | |
| The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | to |
| 202 202 | |

| Signed this Gib day of Feb | 20_21 |
|---|--|
| Signature of Authorized Representative of Lim | nited Liability Company: |
| Signature of Authorized Representative: Printed Name: Emily Vakili | Title: Manager |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: Signature: District Printed Name: EMFLY VAVILI | Title: Manager |
| | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | _ |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In | Officer. corporator must sign. |
| lf Florida General Partnership or Limited Liabili | ty Partnership: |
| Signature of one General Partner. | - |
| <u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| All others: 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) |

| Λ | RTI | C1 | E. | IV. |
|---|-----|----|----|-----|
| | | | | |

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

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | Emily Vakili |
| | 434 West Park Place |
| | Inlet Beach, FL 32461 |
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| EV: Other provisions, if any. | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| Signature of a member or a This document is executed in accordance w | in authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware ent to the Department of State constitutes a third degree for |
| Signature of a member or a This document is executed in accordance wany false information submitted in a document as provided for in s.817.155, F.S. | in authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware tent to the Department of State constitutes a third degree for |
| Signature of a member or a This document is executed in accordance vany false information submitted in a document as provided for in s.817.155, F.S. Emily Vakili , Manager | with section 605.0203 (1) (b). Florida Statutes. I am aware tent to the Department of State constitutes a third degree for |
| Signature of a member or a This document is executed in accordance v any false information submitted in a docum as provided for in s.817.155, F.S. Emily Vakili , Manager | vith section 605.0203 (1) (b). Florida Statutes, Lam aware |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Company, "L.L.C.," or "LLC.") ncipal office of the Limited Liability Company is: Mailing Address: 434 West Park Place Inlet Beach, FL 32461 Office, & Registered Agent's Signature: red Agent. You must designate an individual or another |
|---|
| ncipal office of the Limited Liability Company is: Mailing Address: 434 West Park Place Inlet Beach, FL 32461 Office, & Registered Agent's Signature: |
| Mailing Address: 434 West Park Place Inlet Beach, FL 32461 Office, & Registered Agent's Signature: |
| Mailing Address: 434 West Park Place Inlet Beach, FL 32461 Office, & Registered Agent's Signature: |
| 434 West Park Place Inlet Beach, FL 32461 Office, & Registered Agent's Signature: |
| Office, & Registered Agent's Signature: |
| Office, & Registered Agent's Signature: |
| Office, & Registered Agent's Signature: red Agent. You must designate an individual or another |
| gistered agent are: |
| |
| |
| Box NOT acceptable) |
| FL ³²⁴⁶¹ |
| Zip |
| accept service of process for the above stated limited his certificate, I hereby accept the appointment as w. I further agree to comply with the provisions of all orformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S |
| |

(CONTINUED)