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TALLAHASSEE, FLORIDA

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Lori Tipson Direct Dial. (404) 685-4327 Email Hipson@buri.com One Lampa City Center, Stine 3200 201 North Franklin Street Lampa, FL 33002

> Open (813) 224-2626 Fay (813) 224-7335

> > BURR COM

March 10, 2021

VIA FEDERAL EXPRESS

Florida Department of State New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Castos, Inc.

Document ID: P21000008048

Dear Sir/Madam:

Enclosed are the following documents for processing:

- 1. Articles of Conversion to a Florida Limited Liability Company; and
- 2. Check in the amount of \$150.00 payable to the Florida Department of State (\$25.00 for the conversion and \$125.00 for the Articles of Organization).

Kindly return the completed filing in the enclosed envelope. Please notify the undersigned at 813-367-5742 if there are any questions.

Sincerely,

Lori Tipson Legal Secretary

Lori Dysson

Enclosures

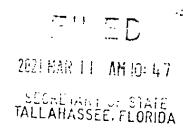
COVER LETTER

TO:	New Filing S Division of C				
SHR	JECT: Castos,	•			
JUL	JEC1		sulting Florida Lim	uted Cor	npany)
The e	enclosed Article sess Entity" into	es of Conversion, Artic o a "Florida Limited L	les of Organiza	tion, an 1y" in a	od fees are submitted to convert an "Other coordance with s. 605,1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to		
Lori T	ipson				
		(Contact Person)		_	
Burr 8	& Forman LLP				
		(Firm/Company)			
201 N	l. Franklin Street	, Suite 3200			
		(Address)		_	
Tamp	a, FL 33602				
	(City, State and Zip Code)		_	
Itipso	n@burr.com				
Е-г	mail Address: (to b	oc used for future annual re	port notifications)		
For fu	ırther informati	on concerning this ma	tter, please call:		
Lori T	ipson		_at (, 260-	0669 or 813-367-5742
	(Name of Conta	nct Person)	(Area Code	;) (Day	0669 or 813-367-5742 rtime Telephone Number)
Enclo dollar	sed is a check f s and drawn on	for the following amou a bank located in the	int: (All checks United States)	process	sed by this office must be payable in US
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection Corporations 7		New Division The Control	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

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 t Castos, Inc.	he filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	P21-8048
(Enter entity type. Example: corporation, limited partnership, go	eneral partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida	
(Enter state, o	or if a non-U.S. entity, the name of the country)
10/18/17 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth Castos, LLC	in the attached Articles of Organization:
(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 d	ate nor more than 90 calendar days after
the date this document is filed by the Florida Department of St Note: If the date inserted in this block does not meet the applicable statutory filed document's effective date on the Department of State's records.	ing requirements, this date will not be listed as the
5. The plan of conversion has been approved in accordance with all	l applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any m	embers having appraisal rights the amount to

which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this 10th day of March	20 2 1
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: Erin Hewitt	V
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Craig Hewift	Title: President
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature: Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title
	71110.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

pany, "L.IC.," or "I.I.C.") pal office of the Limited Liability Company is: ailing Address: 53 Willow Bay Drive nter Garden, FL 34787
oal office of the Limited Liability Company is: ailing Address: 53 Willow Bay Drive
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53 Willow Bay Drive
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NOT acceptable)
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FL 34787
Zip
ept service of process for the above stated limited certificate. I hereby accept the appointment as further agree to comply with the provisions of all
Ce

(CONTINUED)

MGR" = Manager MGR Craig Hewitt 4253 Willow Bay Drive Winter Garden, FL 34787	<u>Title:</u>	Name and Address:	
Use attachment if necessary) Use attachment if necessary) EV: Other provisions, if any. 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. Craig Hewitt Typed or printed name of signee	"AMBR" = Authorized Member		
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Typed or printed name of signee	as provided for in s.817.155, F.S.		
Typed or printed name of signee	Crain Hewitt		
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	larra		

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

ARTICLE IV-