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D O'KEEFE MAY 2 7 2021

COVER LETTER

TO: New Filing S Division of 6	Section Corporations				
SUBJECT: L'Ascer	nd CO, LLC				
		sulting Florida Lim	ited Co	ompany)	
The enclosed Article Business Entity" int	es of Conversion, Artic o a "Florida Limited L	eles of Organiza iability Compan	tion, a	nd fees are submitted to accordance with s. 605	o convert an "Other .1045, F.S.
Please return all cor	respondence concernir	g this matter to:			
Jim Farah					
	(Contact Person)		_		
Farah Law					776
	(Firm/Company)		_		
6550 St. Augustine Ro	oad, Suite 103				APR 29 LAHASSI
	(Address)	,	-		PILER RESEED
Jacksonville, Florida 3	32217				- 블리 🗷 🖫
	City, State and Zip Code)		_		[S] 2:
jim@farahlaw.com	eny, mate and zip code)				電点 5
	be used for future annual re	nort notifications)	_		
hor further informati	ion concerning this ma	tter, please call:			
Jim Farah		_at (,443-	0060	
(Name of Cont	act Person)) (Da	ytime Telephone Number)	_
Enclosed is a check : dollars and drawn or	for the following amoun a bank located in the	nt: (All checks p United States)	oroces	sed by this office must	be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add	ress:		Stree	t Address:	
New Filing S	ection			Filing Section	
Division of C			Divis	ion of Corporations	
P.O. Box 632	.7		The C	Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

Tallahassee, FL 32314

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: L'Ascend CO
(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
(Enter state, or if a non-U.S. entity, the name of the country)
February 1, 2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
L'Ascend CO, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: April 27, 2021
(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.
 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 21st day of April	20 21
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: Evan Kay	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: DE	
Printed Name: Evan Kay	Title: President / Director
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title
Signature: Printed Name:	Tial
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	Officer. acorporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

LLAHASSEE, FLORID

FILED 21 APR 29 PM 2: 13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

L'Ascend CO, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

	
101 Marketside Avenue	101 Marketside Avenue
Suite 404-160	Suite 404-160
Ponte Vedra Beach, FL 32081	Ponte Vedra Beach, FL 32081

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:

Farah Law		⊼£ ∾
	Name	1 APR
6550 St. Augustine Roa		29
Florida street address	s (P.O. Box <u>NOT</u> accept	table) 🚆 📆 🖰
Jacksonville	FL ³²²¹⁷	F.C. 4
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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Manager	Evan Kay
	101 Marketside Avenue, Suite 404-160
	Ponte Vedra Beach, FL 32217
Manager	Pauline Le
	101 Marketside Avenue, Suite 404-160
	Ponte Vedra Beach, FL 32217
 	
	100
Use attachment if necessary)	<u> </u>
	2
EV: Other provisions, if any.	DA
	•
REQUIRED SIGNATURE:	
(D)	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware
any false information submitted in a docum as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree f
Evan Kay	
Тут	ed or printed name of signee
	Filing Fees

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

ARTICLE IV-