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(R	equestor's Name)	
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(0	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(C	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	o Filing Officer:	

Office Use Only



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D O'KEEFE MAY 2 7 2021

#### 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 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)
09/09/2019 on .
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DO OR DRINK 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.)
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.
Sign N

Signed this April day of 27	_ 2021
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:	Title: Member
Signature(s) on behalf of Other Business Entity: {	See below for required signature(s)]
Signature: When the Signature: Printed Name: Rishi Manda	Title: Member
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty 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.	
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)

21 APR 29 PH 12: 43

## AÉTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the	bility Company, "L.L.C.," or "LLC.") c principal office of the Limited		
	e principal office of the Limited		
The mailing address and street address of the	e principal office of the Limited		
		l Liability Company	
Principal Office Address:	Mailing Address:		
1018 W Government Street	vernment Street 1018 W Government Street		
Pensacola, FL 32502	Pensacola, FL 32502		
the name and the Fiorida street address of the	ne registered agent are:	Z21	
Rishi Manda	ne registered agent are:	21 APR SELVALI	
Rishi Manda	ne registered agent are:	21 APR 29 SEUMLIANI TALLAHASS	
Rishi Manda	ıme	29 ASS:	
Na 1018 W Government Stree	ıme	29 ASS:	
Rishi Manda Na 1018 W Government Stree	ime t	21 APR 29 PM 12: 43 SEUNLIANSSEE TUORIDA	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	Rishi Manda	
	1018 W Government Street	
	Pensacola, FL 32502	
MGR	Carlos Fajardo	
	382 San Miguel Avenue	<del></del>
	San Luis Obispo, CA 93405	
		<u>_</u>
(Use attachment if necessary)		
(One attachment it incomes,)		500 8
RTICLE V: Other provisions, if any.		APR F
	1	<u>ాస్ట్రాం</u>
DESTRUCTOR CLOSE TERMS	$\rho = 0$	12: <b>43</b> 3 (3) (5) FLORID
<u>REQUIRED</u> SIGNATURE:	ha / hu	5 <b>5</b> 5
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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.

Rishi Manda

Typed or printed name of signee

#### Filing Fees

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