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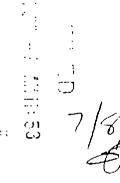
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Corporations
SUBJECT: Story Lenesome Group AIP Holdings LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Seam Drake (Contact Person)
Story Lonesome Group LLC (Firm/Company)
5001 Bridge St # 1413 (Address)
Tampa FL 33611 (City. State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Sean Drake at (203) 247 - 2479  (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)
S150.00 Filing Fees (\$25 for Conversion and Certificate of Status of Organization)  S150.00 Filing Fees and Certified Copy and Certificate of Status  S185.00 Filing Fees Certified Copy, and Certificate of Status
Mailing Address:  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  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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Story Lendson (orong 17) Italdings, Luc (Enter Name of Other Business Entity)	f Conversion is:
2. The "Other Business Entity" is a hombid liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law	
First organized, formed or incorporated under the laws of	c of the country)
on SSSIII (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	of Organization:
Story Londsome Group AIP Holdings LLC (Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: filing dete.  (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 cathe 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 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 riwhich such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.	ights the amount to

Signed this 23 day of June	20_21	
Signature of Authorized Representative of Limit	ited Liability Company:	
Signature of Authorized Representative:	n D Realise _ Title: _ managing member	
Signature(s) on behalf of Other Business Entity:		
Signature: Jun D Malu Printed Name: Sean D Draice	20	
Printed Name: SPAN V DFAICE	_ Title: _YVIa.negging VII COW DEV	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Sionature:		
Signature:Printed Name:	Title:	
Signatura		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an Inc		
If Florida Command Danta ambia on Limited Linkili	to Douts auchin.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty rarthersing.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
-		
All others: Signature of an authorized person.		ر . ئسيا
Signature of an additionized person.		
<u>Fees:</u>		١
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	
	\$ 185.00	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Stony Lonesone Group 1 (Must contain the words "Limited Liabilit	4)8 Holdings LLC
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5001 Bridge # St Unit 1413 Tampa FL 33611	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
The name and the Florida street address of the r	
<u>Slan Drake</u> Name	
Soot Bridge St Florida street address (P.O	- Unit 1413
Tampa	FL 33611
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
X/m /)	Anh
Registered Agent's Sign	nature (REQUIRED)
(CONTIN	UED)

Δ	RT	ICL	F	IV.
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The name and address of each person authorized to manage and control the Limited Liability Company:

PANIDDE - Amala a danada AA aada aa	
"AMBR" = Authorized Member "MGR" = Manager	
m G R	Sean Drake
	Sool Bridge St Unit 14
	Sean Drake Sool Bridge St Unit 14 Tampa FL 33611
	1
<del></del>	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
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LE V: Other provisions, if any.  REQUIRED SIGNATURE:	Wada
LE V: Other provisions, if any.	Mahr
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware to the Department of State constitutes a third degree fel
Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware t