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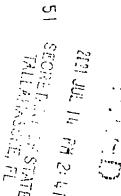
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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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COVER LETTER

	New Filing So Division of C				
SUBJE	ECT: Shoreline	e Labs, LLC			
00202		(Name of Res	sulting Florida Limi	ted Com	pany)
			_		d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:		
Ethan C	Christensen				
		(Contact Person)		•	
Inceptiv	v Law, Inc.				
		(Firm/Company)		-	
12463 F	Rancho Bernar	do Road #281			
		(Address)		_	
San Die	ego, CA 92128				
-	((City, State and Zip Code)		-	
ethan@	jinceptiv.law				
E-ma	aił Address: (to b	e used for future annual re	port notifications)	-	
For fur	ther informati	on concerning this ma	tter, please call:		
Ethan C	Christensen		_at (<u>858</u>	208-0	9406
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		rocess	ed by this office must be payable in US
(\$25 for	0.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New F Divisi The C	Address: Filing Section on of Corporations entre 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Shoreline Labs, LLC
(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.)
(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)
December 20, 2016
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Shoreline Labs, ŁLC
(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.

Signature of Authorized Representative of Limit	ited Liability Company:
Signature of Authorized Danmountative Met. Fill	
Signature of Authorized Representative: Jake Fields	Title: Manager
Filling Training, Judges 1, 10,000	Title. Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature
Dissublement by:	
Signature: July Fields Printed Name: Jacob Fields	
Printed Name: Jacob Fields	Title: Manager
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title
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Printed Name:	
If Florida Corporation:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. corporator must sign.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili	Officer. corporator must sign.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili	Officer. corporator must sign.
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner.	Officer. corporator must sign. ty Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili	Officer. corporator must sign. ty Partnership:
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If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion:	Officer. corporator must sign. ty Partnership: ty Limited Partnership: \$25.00
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. All others: Signature of an authorized person. Fees:	Officer. corporator must sign. ty Partnership: ty Limited Partnership:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Shoreline Labs, LLC			
	contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr The mailing address a		e principal office of the Limited Lia	ability Company is:
Principal Office Add	dress:	Mailing Address:	
55 SE 2nd Avenue		55 SE 2nd Avenue	
Delray Beach, FL 3344	4	Delray Beach, FL 33444	
	The state of the s	egistered Agent. You must designate an individ	
The name and the Flo	acob Fields	he registered agent are:	(r) - Na
The name and the Flo	orida street address of t acob Fields		(r) - Na
The name and the Flo	orida street address of the acob Fields N 5 SE 2nd Avenue	he registered agent are:	(r) - Na
The name and the Flo	orida street address of the acob Fields N 5 SE 2nd Avenue	he registered agent are:	(r) - Na
The name and the Florida	orida street address of the acob Fields N 5 SE 2nd Avenue	he registered agent are:	SECULIATION STATE
The name and the Florida	orida street address of the acob Fields No. 5 SE 2nd Avenue Florida street address (1)	he registered agent are: ame P.O. Box <u>NOT</u> acceptable)	(t) - Na

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Jake Fields

ARTICLE IV-

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	laash Cialdo
MGR	Jacob Fields 55 SE 2nd Avenue
	Delray Beach, FL 33444
	Deliay Beach, FL 33444
(Use attachment if necessary)	
LE V: Other provisions, if any.	
DECHIDED CICNATUDE.	
Discussioned by	
Jake Fields EXECUTATE 6777	an authorized representative of a member
Jake Fields Signature of a member or	an authorized representative of a member
Signature of a member or: This document is executed in accordance any false information submitted in a document.	with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a member or: This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. Jacob Fields	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felooped or printed name of signee

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