

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
— (Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





08/18/21--01019--004 **185.00



VIA FEDERAL EXPRESS OVERNIGHT DELIVERY TO:

Florida Department of State PERSONAL AND CONFIDENTIAL Attn: Matthew Moon 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: SKOL PACK LLC

Dear Mr. Moon:

You will please find enclosed two copies of the following documents for the above-referenced limited liability company:

- 1. Division of Corporations Cover Letter;
- 2. Articles of Conversion to convert the NC LLC into a Florida LLC;
- 3. Articles of Organization for Florida LLC; and
- 4. A check in the amount of \$185.00 in in payment of your filing and certification fees.

Please file these documents as requested and forward the certified copies and Certificate of Status to our office via e-mail to the undersigned at: joey@ecbia.com. A prepaid return FedEx overnight envelope is also enclosed for your convenience for the return of the original documents.

Thank you for your assistance in this matter. Please do not hesitate to contact our office at (704) 682-8789 with any questions or issues regarding this filing request.

Sincerely,

l∕oseph R. Glowaćki

Manager

COVER LETTER

TO: New Filing S Division of C			
SUBJECT: Skol Pac	k LLC		
5000ECT.	(Name of Res	sulting Florida Lim	nited Company)
			tion, and fees are submitted to convert an "Other ny" in accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	:
A. David Glasser			
	(Contact Person)		
ECBIA LLC			 -
40 T. C. L.	(Firm/Company)		
19 Tulip Lane	(4.1.1)		_
D NIL 07000	(Address)		
Randolph, NJ 07869	S' S 12'- C-13		_
david@ ecbia.com	City, State and Zip Code)		
	e used for future annual re	port notifications)	
	on concerning this ma	•	:
A. David Glasser		_at (917	_)841-8294
(Name of Conta	ict Person)	(Area Code	e) (Daytime Telephone Number)
	or the following amou a bank located in the		processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Co	
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 AST 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: Skol Pack 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.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
8/27/2019 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Skol Pack 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.





Signed this 22nd day of July	2021
Signature of Authorized Representative of Lim	nited Liability Company:
Signature of Authorized Representative: 26 Printed Name: Joseph R. Glowacki	Title: Manager of Manager ECBIALLC
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Day L. Hung.	
Printed Name: ECBIALLC by Joseph R. Glowacki	Title: Manager
Signature: A. Parillan	
Printed Name: ECBIALLC by A. David Glasser	Title: Manager
0.	
Signature:	
Printed Name:	1 itle:
Signature:	
Printed Name:	Title:
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. 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)

MELANISSEE TOOMS. 36

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	mpany je
The mine of the Emilied Emonity Cor	npairy is.
Skol Pack LLC	
(Must contain the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
1180 SW 36th Ave., Suite 102	7901 4th St N, Ste 4000
Pompano Beach, FL 33069	St. Petersburg, FL 33702
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	
business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another s of the registered agent are:
business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another s of the registered agent are:
business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an individual or another s of the registered agent are: nc. Name
business entity with an active Florida registration.) The name and the Florida street address Registered Agents In 7901 4th St N, Ste 30	own Registered Agent. You must designate an individual or another s of the registered agent are: nc. Name
business entity with an active Florida registration.) The name and the Florida street address Registered Agents In 7901 4th St N, Ste 30	own Registered Agent. You must designate an individual or another s of the registered agent are: nc. Name
business entity with an active Florida registration.) The name and the Florida street address Registered Agents In 7901 4th St N, Ste 30 Florida street addr	s of the registered agent are: Name No. Name No. No. Name No. No. No. No. No. No. No. No
The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address: Registered Agents In 7901 4th St N, Ste 30 Florida street addr St. Petersburg City	own Registered Agent. You must designate an individual or another s of the registered agent are: nc. Name No ess (P.O. Box NOT acceptable) FL 33702

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)



ARTICLE IV-

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

Name and Address:	
50014.11.0	
ECBIA LLC	
19 TULIP LANE	
RANDOLPH, NJ 07869	
DIXON BRADBURRY	
443 LORNA STREET	
CHARLOTTE,NC 28205	
David O. 16 . a	

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.

JOSEPH R. GLOWACKI, MANAGER OF MANAGER ECBIA LLC

Typed 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)