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COVER LETTER

COVER LETTER TO: New Filing Section Division of Corporations SUBJECT: Impact Material Solutions, 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: Keven Eberhardt (Contact Person) Impact Material Solutions, LLC (Firm/Company) 4209 SW 26th Ave (Address) Cape Coral, FL 33914 (City, State and Zip Code) ke@impactmaterial.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Keven Eberhardt at (636 236-3816 (Name of Contact Person) 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)					
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\$150.00 Filing Fees	\$25 for Conversion & \$125 for Articles	and Certificate of		Certified Copy, a	nd

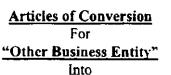
Mailing Address:

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 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS11 (7/17)





Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Impact Material Solutions, 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)
3/20/2018 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: Impact Material Solutions, 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 locument's effective date on the Department of State's records.
The plan of conversion has been approved in accordance with all applicable seconds.

- 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.

	- 1
Signed this 19th day of August	20
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Printed Name: Keven Eberhardt	Title: Owner
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Money Charles 4	
Printed Name: Sharon Eberhardt	Title: Owner
C'analana	
Signature:Printed Name:	Tisla
rimed Name:	1 tue:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Doubeauchin.
Signatures of ALL General Partners.	ty Linnted Partnership:
Comment of the state of the sta	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICTED	2001 En 31 Production
ARTICLE 1 - Name: The name of the Limited Liability Company is:	or Problem
	_
Impact Material Solutions, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "L.LC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Keven Eberhardt	Keven Eberhardt
4209 SW 26th Ave	4209 SW 26th Ave
Cape Coral, FL 33914	Cape Coral, FL 33914
The name and the Florida street address of the re- United States Corporation Age Name	
5575 S Semoran Blvd, Ste 36	
Florida street address (P.O.	Box NOT acceptable)
Orlando	FL 32822
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete paccept the obligations of my position as regional complete.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S eyenne Moseley, Asst. Secretary on behalf of ted States Corporation Agents, Inc. ature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Keven Eberhardt
	4209 SW 26th Ave
	Cape Coral, FL 33914
AMBR	Sharon Eberhardt
	4209 SW 26th Ave
	Cape Coral, FL 33914
···	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
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•	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	an authorized representative of a member
Signature of a member or a	
Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felo
Signature of a member or a This document is executed in accordance any false information submitted in a document is a document in a document i	
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Keven Eberhardt	