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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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2021 AUG 31 PM 1: 16



September 2, 2021

STEPHEN BOOTH 649 EVERGREEN ST NE PALM BAY, FL 32907

SUBJECT: BUDA BOARDS LLC Ref. Number: W21000120092

We have received your document for BUDA BOARDS LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes Regulatory II

2021 AUG 31 PM 1:

Letter Number: 321A00021286

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Buda Boaras	ng Florida Limited Company)
The enclosed Articles of Conversion, Articles of Business Entity" into a "Florida Limited Liabil	of Organization, and fees are submitted to convert an "Other lity Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning th	nis matter to:
Stephen Booth (Contact Person) BURAS LLC (Firm/Company) (Firm/Company) (Address) Palm Bay Florida (City/State and Zip Code) Buran Address: (to be used for inture armual report	JE L 32907 L. Com I notifications)
For further information concerning this matter (Name of Contact Person) and (Name of Contact Person)	1002 714 4409
Enclosed is a check for the following amount: dollars and drawn on a bank located in the Unit	(All checks processed by this office must be payable in US lited States)
	S180.00 Filing Fees
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

Articles of Conversion

For

"Other Business Entity"

Into

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.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of NPW HIMPSMILE (Enter state, or if a non-U.S. entity, the name of the country)
on 7 30 2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Buda Boards LLC
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: 7 20 2020. (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 Sth day of September	20_21			
Signature of Authorized Representative of Limits	ed Liability Company:			
Signature of Authorized Representative: Printed Name: 500 phen Chorth	Title: Manager	_		
Signature(s) on behalf of Other Business Entity: S	ee below for required signature(s)			
Signature: Karen Booth Printed Name: Karen Booth	Title: Member	<u>-</u>		
Signature:Printed Name:	Title:	- -		
Signature:Printed Name:				
Signature:Printed Name:	Title:	–		
Signature:Printed Name:	Title:	_ _		
Signature:Printed Name:	_ Title:	-		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.)fficer. orporator must sign.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.				
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:			
All others: Signature of an authorized person.		7.5 27 477	202	
Fees:		VI LA	2021 AUG 3	re Li
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	MASSEE P	31 PH ::	200

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	ed Liability Compan	y is:		
	Bilda Bi		C	
(Must co	ntain the words "Limited I.			
ARTICLE II - Addre The mailing address an	ess: and street address of t	he principal offic	e of the Limited I	Liability Company is:
Principal Office Add	ress:	Mailing A	<u>lddress:</u>	
1049 Everares	01	Palm	Evergreen Bay EL	1 St NE 32907
ARTICLE III - Regi (The Limited Liability Comp business entity with an activ	any cannot serve as its own	tered Office, & Registered Agent. You	Registered Agen u must designate an inc	t's Signature: lividual or another
The name and the Flo	rida street address of	the registered ag	gent are:	
	Karen Y	20011		
		Name	1	
		green St.		
1	Florida street address	; (Р.О. Вох <u>NO I</u>	acceptable)	
_	Kalm Bay	<u>FL</u>	Zip	
liability compan	y at the place designed agree to act in this o the proper and compations of my position Registered Agent	ated in this certific capacity. I furthe aplete performance as registered age	cate, I nereoy accor or agree to comply e of my duties, and ent as provided for	r the above stated limited ept the appointment as with the provisions of all I am familiar with and r in Chapter 605, F.S

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member 'MGR" = Manager	Karph Booth
HIYIDIC	Palm Bay FL 3290 +
(11 - manufacture of management)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any,	
LE V: Other provisions, if any.	,
	wh
REQUIRED SIGNATURE:	or an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document.	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware to becoment to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordar any false information submitted in a document is provided for in s.817.155. F.S.	ocument to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordar any false information submitted in a document is provided for in s.817.155. F.S.	and math capting but it that it it it is filling all builts. I give a the

ARTICLE IV-