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| (Re                                     | equestor's Name)  | · · · · · · · · · · · · · · · · · · · |  |
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| (Cit                                    | ty/State/Zip/Phon | e #)                                  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL                                  |  |
| (Bu                                     | isiness Entity Na | me)                                   |  |
| (Document Number)                       |                   |                                       |  |
| Certified Copies                        | _ Certificate     | s of Status                           |  |
| Special Instructions to Filing Officer: |                   |                                       |  |
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Office Use Only

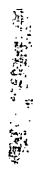
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## **COVER LETTER**

| Division of C  | orporations   |                                  |                       |   |
|--|---|----------------------------------|-----------------------|---|
| SUBJECT: SWT Ca  | rts LLC   |                                  |                       |   |
| SUBJECT.   |   | ulting Florida Lin               | nited Cor             | npany)  |
|  |   |                                  |                       | nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.                     |
| Please return all corre  | espondence concerning                                 | g this matter to                 | :                     |   |
| Ed Arsenault   |   |                                  |                       |   |
| ·  | (Contact Person)                                      |                                  |                       |   |
| SWT Carts LLC  |   |                                  |                       |   |
|  | (Firm/Company)  |                                  |                       |   |
| 8350 Bee Ridge Rd, S   | uite 311  |                                  |                       |   |
|  | (Address)   |                                  | <del></del>           |   |
| Sarasota, FL 34241   |   |                                  |                       |   |
| (6   | City, State and Zip Code)                             |                                  |                       |   |
| sales@swtcarts.com   |   |                                  |                       |   |
| E-mail Address: (to b  | e used for future annual re                           | port notifications)              | _                     |   |
| For further information  | on concerning this ma                                 | tter, please call                | <u>.</u>              |   |
| Ed Arsenault   |   | at ( 941                         | 3121                  | 655   |
| (Name of Conta   | et Person)  |                                  | e) (Day               | rtime Telephone Number)   |
|  | or the following amou a bank located in the           | •                                | process               | sed by this office must be payable in US  |
| ■ \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | □\$155.00 Filing Fees<br>and Certificate of<br>Status | ☐\$180.00 Filir and Certified Co |                       | ☐\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status                          |
| Mailing Add<br>New Filing S<br>Division of C<br>P.O. Box 632<br>Tallahassee, I             | ection<br>orporations<br>7                            |                                  | New<br>Divis<br>The C | t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

**TO:** New Filing Section

### **Articles of Conversion**

For

### "Other Business Entity"

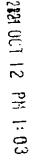
Into

# 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: SWT CARTS INC.   |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a Corporation   |
| (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)   |
| 09/09/2021 On (date of organization, formation or incorporation)  |
| (date of organization, formation or incorporation)  |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:   |
| SWT Carts 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.)  |
| <u>Note:</u> 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 30 day of Septemeber                                      | 2021                                  |
|---|---------------------------------------|
| Signature of Authorized Representative of Limi                        | ited Liability Company:               |
| Simulation of Ambanian d Barrelline & A                               |                                       |
| Signature of Authorized Representative: EA Printed Name: Ed Arsenault | Title: President                      |
| Timed Name.   |                                       |
| Signature(s) on behalf of Other Business Entity:                      | [See below for required signature(s)] |
| c A   |                                       |
| Signature: EA   | T'd Broidest                          |
| Printed Name: Edmund Arsenault  | Title: President                      |
| Signature: Kathleen Arsenault   |                                       |
| Signature: Kalhleen Frsenault Printed Name; Kathleen Arsenault        | Title: Vice President                 |
|   |                                       |
| Signature:  |                                       |
| Printed Name:   | Title:                                |
| S:  |                                       |
| Signature:Printed Name:   | Title                                 |
| Trinica Name.   |                                       |
| Signature:  |                                       |
| Signature:Printed Name:   | Title:                                |
|   |                                       |
| Signature:Printed Name:   | ****.1                                |
| Printed Name:   | fitte:                                |
| If Florida Corporation:   |                                       |
| Signature of Chairman, Vice Chairman, Director, or                    | Officer.                              |
| If Directors or Officers have not been selected, an In                |                                       |
|   |                                       |
| If Florida General Partnership or Limited Liabili                     | ty Partnership:                       |
| Signature of one General Partner.                                     |                                       |
| <u>If Florida Limited Partnership or Limited Liabili</u>              | ty Limited Partnership:               |
| Signatures of ALL General Partners.                                   | <u> </u>                              |
|   |                                       |
| 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

| ARTICLE I - Name: The name of the Limited Liability Company is:   |  |                                      |  |
|---|--|--------------------------------------|--|
| SWT Carts LLC.  |  |                                      |  |
| (Must contain the words "Limited Liabilit   | / Company, "L.L.C.," or "LLC.")  |                                      |  |
| ARTICLE II - Address: The mailing address and street address of the pr  | incipal office of the Limited Lia  | ibility Co                           | ompany is:                                 |
| Principal Office Address:   | Mailing Address:   |                                      |  |
| 8350 Bee Ridge Rd   | 8350 Bee Ridge Rd  |                                      |  |
| Suite 311   | Suite 311  |                                      |  |
| Sarasota, FL 34241  | Sarasota, FL 34241   |                                      |  |
| (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the r  Edmund Arsenault   |  |                                      |  |
| Name  |  |                                      |  |
|   |  |                                      |  |
| 8350 Bee Ridge Rd, Suite 311 Florida street address (P.O.   | · · · · · · · · · · · · · · · · · · ·  |                                      |  |
| Sarasota  | 34241  |                                      |  |
| City  | Zip  |                                      |  |
| Having been named as registered agent and to<br>liability company at the place designated in<br>registered agent and agree to act in this capac<br>statutes relating to the proper and complete p<br>accept the obligations of my position as reg | this certificate, I hereby accept t<br>ity. I further agree to comply wit<br>performance of my duties, and I a | the appoi<br>th the pro<br>im famili | ntment as<br>wisions of all<br>ar with and |
| <u> </u>  | (DEOLIDED)   |                                      |  |
| Registered Agent's Sign   | ature (KEQUIKED)   |                                      |  |
| (CONTIN   | UED)   | <b>₩</b> .                           | 2  |

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|-------|--------------|----|--------------|-----|------------|----------|
| - / % | $\mathbf{r}$ |    | ٠.,          | 1   |            |          |

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  | Edward Arganouth  |
| AMBR   | Edmund Arsenault 8350 Bee Ridge Rd, Suite 311   |
|  | Sarasota, FL 34241  |
|  | Salasota, FL 34241  |
| AMBR   | Kathleen Arsenault  |
|  | 8350 Bee Ridge Rd, Suite 311  |
|  | Sarasota, FL 34241  |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| (Use attachment if necessary)  RTICLE V: Other provisions, if any. |   |
|  |   |
| REQUIRED SIGNATURE:  |   |
| EA   |   |
| This document is executed in accordance                            | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony |
| Edmund Arsenault   |   |
| Ty   | ped or printed name of signee   |

red of printed name of

# Filing Fees

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