# 121000467-080

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	пе)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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PILED STATE OF STATE

OCT 29 2021

### State of California

### Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: ROCK SUGAR LLC

FILE NUMBER: FORMATION DATE:

201025310363 09/08/2010

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, SHIRLEY N. WEBER, PH.D., Secretary of State of the State of California, hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 7, 2021.

Shirley N. Weber, Ph.D. Secretary of State



## Secretary of State Business Programs Parision STACE Business Entities - Records, P.O. Box 944260, Sacramento, CA 94204 2000 STACE

2021 OCT -4 PM 1:43

#### **Business Entitles Records - Order Form** ORDERS CANNOT BE CHANGED OR CANCELLED ONCE BURNISTED

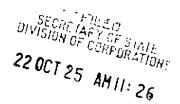
1. Requester's Information		
1 11 11 11 11 11 11 11 11 11 11 11 11 1	ate: 9/29/2021	
Individual's name: Diane McCalley		
Firm name (If any); D.C. McCalley and Associates, Inc	In person drop off only, please indicate type of return method requested:	
Return address: 10739 Tujunga Canyon Blvd.		
City: Tujunga State: CA	Z <sub>ID</sub> ,91042	Mail Plck-Up
10-digit telephone number. ( 818 ) 352	0448	
2. Orger Details		
Entity name: Rock Sugar LLC		
Secretary of State Entity/File Number (recommended)	20102531	0363
Entity type ( <u>Check 1 box</u> ): Corporation  Limite Limite Liability Partners	nd Liability Company hip Other (see instru	Limited ≘artnershipGeneral Partnership ctions for options):
Copy Requests – Plain (uncertified) copies are \$1.00 for additional \$5.00 per document. See instructions for additional \$1.00 per document.	the first page, \$0.50 for editional detail.	ach additional page. Certified copies are an
a. Articles/Formation/Registration document only	# of plain copies	# of certified copies
<ul> <li>b. Articles &amp; Amendments documents only</li> </ul>	# of plain copies	
c. Ali Amendment documents only	# of plain copies	· · · · · · · · · · · · · · · · · · ·
d. Last complete Statement of Information	# of plain copies	
e. Last no change Statement of Information	# of plain copies	
f. All Statements of Information	# of plain copies	
g. All documents and Statements of Information	# of plain coples	
h. Copy of:	# of plain copies	# of certified copies
4. Certificate/Status Requests  a. Certificate of Status (lists entity status: i.e., good standing b. Certificate of Filing of All Documents (lists all document c. Certificate of No Record (certifies no record of entity four	ts of record) - \$5.00 per do	\$5.00 each # of certificates 1 current listed # of certificates # of certificates # of certificates
d. Status Report (computer print-out of entity record, Canno	t be certified) - \$4,00 each	# of reports
	t be certified) - \$4,00 each opies/certificates to you pr	# of reportsior to delivery of hard-coples.

#### **COVER LETTER**

Division of Corporations		
SUBJECT: ROCK SUGAR LLC		
(	Name of Resulting Florida Lim	nited Company)
		ation, and fees are submitted to convert an "Other ny" in accordance with s. 605.1045, F.S.
Please return all correspondence	concerning this matter to:	o:
DIANE MCCALLEY		
(Contact P	erson)	<del>_</del>
D.C. MCCALLEY & ASSOCIATES	, INC.	
(Firm/Con	ıpany)	_
10739 TUJUNGA CANYON BLVD		
(Addre	ess)	<del></del>
TUJUNGA, CA 91042		
(City, State and	d Zip Code)	_
BOOKKEEPER@DIANEMCCALL	EY.COM	
E-mail Address: (to be used for fut	ure annual report notifications)	
For further information concerni	ing this matter, please call:	l:
DIANE MCCALLEY	at ( <u></u> 818	352-0448
(Name of Contact Person)	(Area Code	de) (Daytime Telephone Number)
Enclosed is a check for the follo dollars and drawn on a bank local	•	s processed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  □ \$155.00 and Certific Status	_	-
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	3	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 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.

of Conversion is:
aw or business trust, etc.)
ime of the country)
es of Organization:
es of Organization:
es of Organization:

- 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 20TH day of OCTOBER, 2021	20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: <u>Diana</u>	McCalley.
Printed Name: DIANE MCCALLEY	Title: REGISTERED AGENT
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature: // (1)	
Signature: / / / / / / / Printed Name: CHUCK DURAN	_Title:_AMNG
Signature: 1ess Harnell	
Signature: Jess Harnell Printed Name: JESS HARNELL	Title: MNG
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or O	Officer
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabilit	ty Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabilit</u>	y Limited Partnership:
Signatures of ALL General Partners.	· · · · · · · · · · · · · · · · · · ·
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$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:	:
ROCK SUGAR LLC.	
(Must contain the words "Limited Liabilit	ty Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
ROCK SUGAR LLC.	ROCK SUGAR LLC.
7965 NW 164th TERRACE	7965 NW 164th TERRACE
MIAMI, FL 33016	MIAMI, FL 33016
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the registration.	registered agent are:
CHUCK DURAN	
Name	e e
7965 NW 164th TERRACE	
Florida street address (P.O	D. Box <u>NOT</u> acceptable)
MIAMI	<sub>FL</sub> 33016
City	Zip

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:

<u>Title:</u>		
"AMBR" = Authorized Member		
"MGR" = Manager		
AMGR	CHUCK DURAN	
	7965 NW164th TERRACE	
	MIAMI, FL 33016	
MGR	JESS HARNELL	
more	3692 BERRY DRIVE	
	STUDIO CITY, CA 91604	
	310DIO CITT, CA 91004	
(Headtachment if passesses)		
(Use attachment if necessary)		
CLE V: Other provisions, if any.		
CELL TO CHIEF PROVISIONS, IT MITY.		
REQUIRED SIGNATURE:		
()1		
	ich. Dujar-	
This document is executed in accordance	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 felon	
CHUCK DURAN		
	ped or printed name of signee	
	ped of printed name of biginee	

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