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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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297 CEC 15 PH 5 EA

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

331407/1 8109042

AUTHORIZATION: Spelle Reas

COST LIMIT : \$ 150.00

ORDER DATE: December 15, 2021

ORDER TIME : 2:22 PM

ORDER NO. : 331407-015

CUSTOMER NO: 8109042

DOMESTIC FILING

NAME: HD SUPPLY MANAGEMENT, LLC

EFFECTIVE DATE:

	AKIICLES	OF.	TMC	CKPORA	f.T.T.f	JN		
	CERTIFIC	ATE	OF	LIMITE	ED I	PARTNE	RSHI	ſΡ
_XX	ARTICLES	OF	ORG	SANIZAT	1017	1/CONVE	ERSI	ON
PLEASE	RETURN T	HE E	FOLL	OWING	AS	PROOF	OF	PTI.T

CERTIFIED COPY _ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

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: HD Supply Management, 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)
April 22, 2005 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:
HD Supply Management, LLC
(Enter Name of Florida Limited Liability Company)
If not effective on the date of filing, enter the effective date: 12/31/2021 11:57 pm EST
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.

- 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 15th day of December 20	21
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Printed Name: Dan S. McDevitt Don S. 0240FS:	-
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Signature: 66602F19C8B6421.	m: 1
Printed Name: Stacy S. Iligiam	Little: Assistant Secretary
Signature:	
Signature:Printed Name:	Title;
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.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnarchin
Signature of one General Partner.	ty i artifetsiip.
· ·	
If Florida Limited Partnership or Limited Liabili	tv Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
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Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLE I - Nam	Δ*	
	nited Liability Company	is:
HD Supply Managem		
(Musi	t contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Add	lress:	
		principal office of the Limited Liability Company is:
Principal Office Ac	ldress:	Mailing Address:
3400 Cumberland Bo	ulevard	3400 Cumberland Boulevard
-		
Atlanta, GA 30339		Atlanta, GA 30339
ARTICLE III - Reg (The Limited Liability Con- business entity with an ac	npany cannot serve as its own R tive Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III - Reg (The Limited Liability Con- business entity with an ac	npany cannot serve as its own R	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III - Reg (The Limited Liability Com- business entity with an ac The name and the Fl	npany cannot serve as its own R tive Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
ARTICLE III - Reg (The Limited Liability Com- business entity with an ac The name and the Fl	npany cannot serve as its own R tive Florida registration.) orida street address of th Corporation Service Comp	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
ARTICLE III - Reg (The Limited Liability Con- business entity with an ac The name and the FI	npany cannot serve as its own R tive Florida registration.) orida street address of th Corporation Service Comp	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
ARTICLE III - Reg (The Limited Liability Con- business entity with an ac The name and the FI	npany cannot serve as its own R tive Florida registration.) Iorida street address of th Corporation Service Comp Na 1201 Hays Street	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
ARTICLE III - Reg (The Limited Liability Con- business entity with an ac The name and the Fl	npany cannot serve as its own R tive Florida registration.) Iorida street address of th Corporation Service Comp Na 1201 Hays Street	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are: any

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..

Eyliwa Babet
Assistant Vice President
Registered Agent's Signature (REQUIRED)

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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	HD Supply, Inc.					
	3400 Cumberland Boulevard					
	Atlanta, GA 30339					
	·····					
						
	<u> </u>					
(Use attachment if necessary)						
(Ose attachment if necessary)						
TEN OF THE						
LE V: Other provisions, if any.						
REQUIRED SIGNATURE:						
DocuSign	•					
	McDevitt					
024DF 53	2ABFF464					

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.

Dan S. McDevitt, VP, General Counsel and Corporate Secretary of HD Supply, Inc.

Typed or printed name of signee

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)