# (21000532546

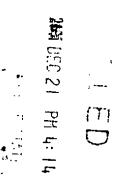
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500378324955

12/21/21--01015--004 \*\*150.00





## COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Sour AF LLC				
(Name of Re	esulting Florida Limi	ted Company)	<del>,</del>	
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited L	•			
Please return all correspondence concerning	ng this matter to:			
Richard Rose				
(Contact Person) Rose Consulting, LLC		•		
(Firm/Company)	·	-		
224 Datura Street Suite 900				
(Address)		<b>.</b>	(14.5) (316) ( 191)	
West Palm Beach, FL 33401			全部UEC 2	
(City, State and Zip Code)		•		
rich@roseconsultingfirm.com			<del></del>	1
E-mail Address: (to be used for future annual r	eport notifications)	-		
For further information concerning this m	atter, please call:		PH 4:	\
Richard Rose	at ( 561	325-0130		
(Name of Contact Person)		) (Daytime Telephone)	Number)	
Enclosed is a check for the following amodollars and drawn on a bank located in the \$150.00 Filing Fees (\$25 for Conversion and Certificate of	United States)  ☐S180.00 Filing	Fees S185.00 Filipy Certified Copy	ng Fees, , and	
& \$125 for Articles Status of Organization)		Certificate of S	tatus	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corpora The Centre of Talla 2415 N. Monroe Str	hassee	

Tallahassee, FL 32303

#### **Articles of Conversion**

For

### "Other Business Entity"

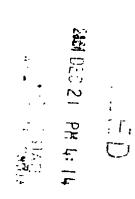
Into

#### 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.

Sour AF Inc Parallel Sushess Entity immediately prior to the fitting of the Articles of Conversion is.
(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)
11/16/2021 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:
Sour AF 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 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 13th day of December	2021
Signature of Authorized Representati	ve of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Filipe Carvalho	Title: Secretary/MGR
	s Entity: [See below for required signature(s)]
Signature: Filip larva	Title: President
Printed Name: Filipe Carvalho (Mitak LLC)	Title: President
Printed Name: Richard Rose	Title: Incorporator
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, D	Pirector, or Officer.
If Directors or Officers have not been sele	cted, an Incorporator must sign.
<u>If Florida General Partnership or Limi</u> Signature of one General Partner.	ted Liability Partnership:
If Florida Limited Partnership or Limi	ted Liability Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: 14 DEC 21 PM 4: 14

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	me: imited Liability Compan	y is:			
Sour AF LLC					
(M	ust contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - A	ddress:				
		he principal office of the Limited	Liability Co	mpany	is:
Principal Office	Address:	Mailing Address:			
1200 Brickell Avenu	ie	1200 Brickell Avenue			
Suite 800		Suite 800			
Miami FL 33131		Miami FL 33131			
business entity with an	Florida street address of  Richard Rose	Registered Agent. You must designate an in the registered agent are:			
		Name			
		20			
	224 Datura St Suite 90 Florida street address	(P.O. Box <u>NOT</u> acceptable)			
	West Palm Beach	FL 33401			
	City	Zip			

<u>l'itle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	Mitak LLC
AMBR	1200 Brickell Avenue Suite 800
	Miami FL 33131
AMBR	Gaston Gonzalez
	1200 Brickell Avenue Suite 800
	Miami FL 33131
AMBR	Big Cypress Distillery LLC
	1200 Brickell Avenue Suite 800
	Miami FL 33131
MGR	Filipe Carvalho
	1200 Brickell Avenue Suite 800
	Miami FL 33131
(Use attachment if necessary)	

Signature of a member or an authorized representative of a member

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.

FILIPE CARVALHO

Typed or printed name of signee

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